

St Johns Medical Centre

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

On 14 July 2016 we carried out an announced comprehensive inspection at St John's Medical Centre. The practice was found to be inadequate in safe and well-led, requires improvement in effective and good in caring and responsive.

The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on that inspection can be found by selecting the 'all reports' link for St John's Medical Centre on our website at www.cqc.org.uk.

As a result of that inspection we issued the practice with a warning notice. This was in respect of the governance of the practice as we found there were inadequate systems to monitor patients subject to safeguarding concerns, to manage infection prevention and control, the recall of patients with long term conditions and the management of patients in receipt of medicines that could pose a higher risk in some circumstances. We also had concerns regarding the process for managing serious events and the management of the practice.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 2 March 2017. Overall the practice is now rated as 'Good'.

Our key findings 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, for example as a result of healthcare associated infections 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.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients prescribed high risk medicines were well managed and there was an effective re-call system in place for patients with long term conditions.

Summary of findings

- 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 there was continuity of care, with quick and easy access to GPs and nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The practice should continue to take positive steps to identify carers on its patient list.
- The practice should continue to plan for the future by reviewing its current information technology provision.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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.
- Medicines were effectively and safely managed.
- The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- 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.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

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 CCG national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible in a number of different languages.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- GPs offered support to relatives and carers in times of bereavement.

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 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 on the practice website and evidence showed the practice responded quickly to issues raised.

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 we spoke with 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 meetings for all staff groups.
- 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 the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a whistleblowing policy in place and staff we spoke with had a good understanding of what it meant for them as individuals.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

- The patient participation group was active and demonstrated a desire to work with the practice to improve the service to patients.
- There was a strong focus on continuous learning and improvement at all levels.

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 older patients.

Good



- Patients over 75 years of age had a named GP.
- The practice employed a care co-ordinator, who was a nurse, to manage the healthcare needs of this group of patients.
- The healthcare co-ordinator contacted all patients within three days of hospital discharge to ensure their healthcare needs were being met.
- Home visits including medication reviews and phlebotomy were available for patients who were unable to attend the surgery.
- The practice undertook opportunistic dementia screening for patients in this group.
- The computer system in use by the practice alerted staff if the patient was a carer.

People with long term conditions

The practice is rated as good for patients with long term conditions.

Good



- The practice employed an in house diabetes nurse specialist.
- It was part of the pilot scheme pre-diabetes register.
- The practice utilised automated patient recall software to help manage patients in this group.
- Patients in this group had individualised care plans.
- Self-management plans were in place to assist patients in managing their condition.
- There was an effective medicines management system for patients in this group.
- If requested the practice provided patients with a print out of their medication to take with them on holiday in case they needed to seek medical help when they did not have access to the practice.

Families, children and young people

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

Good



- The practice offered maternity services.
- The full range of childhood immunisations were offered.
- Baby change facilities were available on both floors of the surgery.

Summary of findings

- Comprehensive reversible contraceptive services were available.
- On the day appointments were available. Unwell children were seen on the day.
- Self- testing for sexually transmitted infections for 16-25 year olds was offered.
- The practice held monthly meetings with health visitors.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84%, which was comparable to local and national averages.

Working age people (including those recently retired and students)

The practice is rated as good for patients of working age (including those recently retired and students)

- Tuesday evening and Saturday morning appointments were available to meet the needs of these patients.
- Telephone consultations were available.
- There was online access to appointments and repeat prescriptions.
- The practice was part of the electronic prescribing scheme.
- The practice gave advice and direction of lifestyle and health promotion.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for patients whose circumstances may make them vulnerable.

- The practice had effective systems in place to safeguard people from abuse.
- Patient records alerted staff to the patient being a vulnerable child or adult.
- Annual physical health checks were offered to patients with a learning disability.
- There were regular adult and children's safeguarding meetings.
- The practice had developed good working relationships with other agencies such as social services, children's services and East Midlands Ambulance Service and the CCG Federated Safeguarding Team.
- There was an open registration policy to meet the needs of the homeless and the travelling community.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for patients experiencing poor mental health including people with dementia.

- The practice offered an in house counselling service and a consultant psychiatrist attended the practice and ran a weekly clinic.
- The care co-ordinator attended the admission avoidance meetings.
- The practice offered dementia screening.
- The practice kept a register of patients pursuant to the Deprivation of Liberty safeguards.
- All staff had received in the Mental Capacity Act and health awareness.
- Patients experiencing poor mental health were offered extended appointments and an annual physical health check.
- Of those patients diagnosed with dementia 94% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was 5% higher than the CCG and 10% higher than the national average.

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 performance to be similar to local and national averages. 255 survey forms were distributed and 115 were returned. This represented a response rate of 45% compared to the national average of 38%.

- 73% of respondents found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 73%.
- 93% of respondents said the last appointment they got was convenient. This was comparable to the local average of 94% and the national average of 92%.

- 85% of respondents described the overall experience of this GP practice as good compared to the local average of 85% and the national average of 85%.
- 82% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards for patients which were all positive about the standard of care received.

We spoke with patients during the inspection. All patients said they were happy with the care they received and had seen improvements with the practice. They said staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to take positive steps to identify carers on its patient list.

St Johns Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included an additional CQC inspector, a CQC inspection manager, a GP specialist advisor and a practice manager specialist advisor.

Background to St Johns Medical Centre

St Johns Medical Centre provides primary medical services to approximately 15,083 patients. This compares to the NHS South West Lincolnshire Clinical Commissioning Group practice average of 6916 patients and national average of 7324 patients. It is not a dispensing practice.

The practice demographics are similar to those of other practices in the CCG and those nationally, excepting that there are fewer older people aged 65 or over registered as patients at this practice than the average. The practice is in the fifth less deprived decile and numbers of people in work or full time education are higher than both the CCG and national averages.

At the time of our inspection the practice had seven GP partners (which equated to 5.72 whole time equivalent -WTE), one salaried GP (0.75 WTE), three nurse practitioners, one diabetes

nurse specialist(who was also the lead practice nurse) one complex care co-ordinator, four practice nurses and three health care assistants. They are supported by a business manager, a practice manager, and a range of administration and reception staff. The GPs consisted of five males and three females.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract for delivering primary care services to local communities.

The practice has one location registered with the Care Quality Commission which is St John's Medical Centre, 62 London Road, Grantham, Lincolnshire NG31 6HR. Patients were seen on the first and second floor of the building, which has a passenger lift.

Patients have telephone access to the practice from 8am to 6.30pm Monday to Friday. The practice doors open from 8.30am to 6pm Monday to Friday.

Appointments were from 8.50am to 10.40 am and 3.30pm to 5.40pm.

Extended hours pre-booked appointments were offered on a Tuesday evening from 6.30pm to 8.30pm and every Saturday from 9.30 am to 12 noon.

Phone call consultations with a GP and urgent appointments with a nurse practitioner were available on the day for people that needed them. Appointments with GPs could be booked on-line up to four weeks in advance.

The practice is located within the area covered by NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning services from the practice.

The practice has a website which we found has an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

When the practice is closed, GP out-of-hours services are provided by Lincolnshire Community Health Services NHS Trust which is accessed by the NHS 111.

Detailed findings

Why we carried out this inspection

On 29 September 2015 we had 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. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe, effective and well led service was inadequate. As a result the practice was placed in special measures for a period of six months from 21 January 2016.

On 14 July 2016 we carried out a further comprehensive inspection to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures. At that inspection we found the practice to still be rated inadequate in the key questions of 'Safe' and 'Well-led' and consequently 'Inadequate' overall. The practice was placed in Special Measures for a further period of six months.

We undertook this announced comprehensive inspection on 2 March 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 2 March 2017.

During our visit we:

- Spoke with a range of staff and spoke with two patients who used the service and who were patient participation group members.
- Observed how patients were being cared for.
- Reviewed a 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

At our previous inspection on 14 July 2016, we found the arrangements in respect of high risk medicines prescribing, the management of significant events, safeguarding procedures and measures intended to keep people safe were inadequate. The practice was therefore rated as inadequate for providing safe services.

These arrangements had significantly improved when we undertook a follow up inspection on 2 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- The business manager was the lead for significant events and there was an effective system in place for reporting and recording such events.
- The members of staff we spoke with confirmed that they had received bespoke one-to-one training and instruction with regards to incident reporting and identification. They 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 amended policy included clear instructions including computer screen shots to help staff navigate through the 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 quarterly analysis of the significant events which had been discussed and documented at regular practice and partner meetings at which they were a standing agenda item. For example we saw learning resulting from a needle stick incident had been cascaded to staff to re-inforce lessons and prevent recurrence.

- Themes had been identified and actions taken to help recurrence.
- We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them at meetings where they were a standing agenda item. Tasks or reading requirements were added as necessary. We saw that the alerts were stored on the practice computer system and were available to all. The practice produced evidence of searches already conducted in response to alerts received.

Overview of safety systems and process

- A GP partner was the lead for safeguarding. 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 on the practice computer system to which all staff had access. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended the monthly 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 children's safeguarding level three and nurses to level two. We saw evidence that the practice had developed a close working relationship with the Federated Safeguarding Team. We saw the practice had been complimented by the team on the format of their meetings and the effective information shared.
- 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.

Are services safe?

- There were systems in place to monitor patients prescribed potentially high risk medicines such as lithium and disease-modifying anti-rheumatic drugs.
- Systems were in place to ensure that hospital prescribed medicines were added to patients medication records held at the practice.
- The practice had retrospectively added hospital administered medicines into patient's notes and had created a protocol for safe prescribing under shared care arrangements.
- 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.
- Notices in the patient waiting rooms 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)
- The practice was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. The practice lead nurse was the infection control clinical lead who liaised with the GPs. Regular audits were conducted on the practice cleaning and we saw evidence that action was taken to address any improvements identified as a result.
- We checked the staff files of four recently employed members of staff and found all appropriate recruitment checks had been undertaken for them prior to employment.
- Similar checks had been undertaken in respect of locum GPs.
- There was a system in place to ensure that healthcare professionals had the appropriate registration with their professional body.
- All electrical equipment had been checked to ensure the equipment was safe to use.
- Clinical equipment had been 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).
- A health and safety policy was available with a poster which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- 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 different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients.

Arrangements to deal with emergencies and major incidents

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

- We found there was an instant messaging system on the clinical computer system 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.
- The practice had a defibrillator available on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they 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 and included the measures to be taken in the event that insufficient GPs were available. The plan included emergency contact numbers for staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisals and improvement in patient outcomes as a result of clinical audit were lacking.

These arrangements had significantly improved when we undertook a follow up inspection on 2 March 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

- The practice carried out assessments and treatment 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 ensure all clinical staff was 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.
- We saw minutes of partner and clinical meetings where NICE guidance was discussed and implications for the practice's performance and patients were identified and required actions agreed.
- Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

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 compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The exception reporting rate was lower than both the CCG and national averages both overall and in the clinical

domain. (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 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the combined indicators were 88% of the total points available compared to the CCG average of 91% and national average of 90%
- Performance for mental health related indicators was similar to the CCG and national averages. For example the combined indicators were 94% of the total points available compared the CCG and national average of 93%.

There was evidence of quality improvement including clinical audit:

- There had been eleven clinical audits commenced in the last two years, and we looked at completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example we saw that a completed audit concerning uncomplicated urinary tract infections had driven forward a change in the prescribing habits in line with antimicrobial stewardship which was confirmed by the subsequent re-audit. An audit to identify patients who had had raised blood sugar/HbA1c blood test but had not been diagnosed with Type I or Type II diabetes had resulted in the identification of eight patients considered to be 'pre-diabetic' The practice had provided lifestyle advice to hopefully prevent further development into Type 2 diabetes.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced a formal induction programme for all newly appointed staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All eligible staff had received an appraisal within the last 12 months.

- On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating for relevant staff. For example; mental capacity training and cervical screening and immunisation update training.
- Staff received training that included: safeguarding, fire safety awareness, and 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 and medical records.
- There was an effective system to check and act on any pathology results received on that day. GPs operated a 'buddy' system to ensure that results were actioned in their absence. All results were went into a 'global inbox' enabling all GPs and senior managers to have real time oversight.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner, including do not attempt cardiovascular resuscitation notices.
- 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 care co-ordinator contacted all patients within three days of discharge from hospital to ensure their healthcare needs were being met and that they had everything they needed.

- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The care co-ordinator had an effective system in place to code and added alerts to the electronic patient record for all patients who were on the unplanned admission caseload. We saw minutes of monthly meetings where patient needs were discussed and the appropriate decision made on their future care.
- The care co-ordinator worked closely with the Neighbourhood Team (a CCG initiative) who identified those most at risk of health and social care problems. The team decided how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For

Are services effective?

(for example, treatment is effective)

example the practice was taking part in a pilot scheme to identify those patients termed 'pre-diabetic' and proactively sought to give lifestyle advice to prevent the development of diabetes.

- The practice's uptake for the cervical screening programme was 84% which was slightly higher than the CCG and national average of 82%.
- The administration team identified patients who had not attended for cervical screening. Patients were

contacted by phone or by letter. An alert was also put on the patient's electronic record to remind staff should the patient attend the practice. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

- 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.

Are services caring?

Our findings

At our inspection on 14 July 2016 we rated as good for providing caring services. Data from the national patient survey showed patients rated the practice comparable to other practices within their CCG. Patient told us staff were helpful and found time to assist them. Carers were identified and supported to access services.

What we found at this inspection in March 2017

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 space to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with members of the patient participation group. 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% 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

Patient feedback from the comment cards we received told us they felt involved in decision making about the care and treatment they received. Most told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

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.

For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 78% 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 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and national average of 90%.

Patient and carer support to cope emotionally with care and treatment

- The practice had identified 147 patients as carers (0.97% of the practice list). This was an increase of 29 (0.2%) since the previous inspection.

Are services caring?

- The practice patient electronic record system had carer alerts in place to prompt staff to offer greater flexibility and understanding when making appointments.
- The care co-ordinator had active links with the Lincolnshire Carers and Young Carers partnership and they had provided Carers awareness training.
- The practice had recently been awarded Lincolnshire Carers Quality Award in recognition of their work in this area. Two members of the reception staff had become carers champions whose role was to help identify carers and help them access services.
- The practice newsletter for June 2016 had information on carers, how to register and advised that flexible appointments were available.
- The new patient registration form enabled patients to identify themselves as carers.
- 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 sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 14 July 2016 we rated the practice as good for providing responsive services. However themes and trends from complaints had not been identified and learning was not always shared with staff.

What we found at this inspection on 2 March 2017

Responding to and meeting people's needs

- We found that the practice had made patient needs and preferences central to its systems to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example,
- The practice employed a Care Co-ordinator, an experienced nurse, whose role was to manage the healthcare of older people. This included visiting nursing homes and residential care homes and providing care in the community for those unable to attend the surgery.
- The care co-ordinator consulted with patients in the development of personalised care plans. Of those patients diagnosed with dementia 94% had their care plan reviewed in a face-to-face review in the preceding 12 months. This was 5% higher than the CCG and 10% higher than the national average.
- Home visits were also 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.
- Full facilities were provided for patients with wheelchairs which included automatically opening doors, an easy access toilet, a staggered height reception desk section and wide doorways.
- The practice had a passenger lift to improve access to the first floor of the surgery.

- There was an area which could be used if patients wanted a private area to talk with reception staff.
- The practice was taking part in a pilot for a local teledermatology service in conjunction with the South West Lincolnshire Clinical Commissioning Group. This pilot enabled the GPs to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This, in most cases, saved patients a journey to hospital.

Access to the service

- The surgery was open from 8am to 6.30 pm Monday to Friday. Appointments were from 8.50am to 10.40 am and 3.30pm to 5.40pm. Extended hours pre-booked appointments were offered on a Tuesday evening from 6.30pm to 8.30pm and every Saturday from 9.30 am to 12 noon.
- Phone call consultations with a GP and urgent appointments with a nurse practitioner were available on the day for people that needed them. Appointments with GPs could be booked on-line up to four weeks in advance.
- The practice had identified that 9.7% of the practice list were of eastern European and Asian origin. Information on the website could be translated by changing the language options. This enabled patients whose first language was not English to access the information provided by the practice.
- Translation services were available.

Results from the national patient surveys published July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 79% and national average of 76%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 60% and national average of 60%.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.
- The practice had recorded 23 complaints in 12 months (March 2016 to March 2017) these related to issues such as attitude of receptionists and dissatisfaction with GP consultations.
- The practice had conducted an analysis of the complaints to identify any themes and recurring issues.
- We found all complaints had been investigated and outcomes and learning identified and shared with practice team through meetings. The practice manager followed up on all learning to check changes had been embedded to improve practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 14 July 2016 the practice was rated as inadequate for being well led, as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. The practice had failed to identify and act upon risks.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 2 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice mission statement was simple and unequivocal and stressed the need to provide the best clinical care whilst maintaining traditional family practice values.
- The mission statement that was easy to find on the practice website.
- Staff clearly understood what was expected of them in attaining and maintaining an efficient and caring service.
- The practice had a 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:

- Following the last inspection on 14 July the partners had reviewed the management structure of the practice and had recruited an experienced Business Manager to oversee all aspects of the business, including human resources and policy and strategy. They had also engaged the services of a management consultant. Although the Business Manager had only been in post since January 2017, staff we spoke with unanimously told us how improved things were. The effect on the practice had been extremely positive.

- Staff told us there was now a clear staffing structure with clear lines of management.
- Staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed, implemented and were available to all staff.
- A programme of continuous clinical and internal systems audit was used to monitor quality and to make improvements. For example the practice had responded to what they deemed to be high numbers of failed appointments by introducing a dedicated mobile telephone number that negated the need for patients to call the surgery to cancel unwanted appointments.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had recruited an experienced notes summariser.

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. Staff 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 face to face individual training for all staff on identifying and recording serious events.

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.

Are services well-led?

Good 

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

- Staff told us and records showed the practice held regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 the virtual patient participation group (PPG) and through surveys and complaints received. We met with two members of the group who told us they had 22 active members who met every three months. The group liaised with patients and submitted proposals for improvements to the practice management team. The practice had responded to their concerns about telephone access by recruiting extra reception staff. The members we spoke with said that it had resulted in a noticeable improvement in access to the service.

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

Continuous improvement

- The partners told us their aim was to develop as a GP training practice and two of the partners had expressed a wish to become trainers.
- Staff we spoke with said they were encouraged to develop and extend their range of skills and the practice provided the training they required. One member of staff we spoke with told us how the partners were supporting and encouraging them to become a prescriber.
- The partners had identified that the current information technology system was as effective in delivering all that was required and were considering a major improvement by migrating to an alternative system.