

Millview 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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Millview Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection at Millview Medical Centre on 02 August 2016. This inspection was a follow-up to our inspection of 07 July 2015 when the practice was rated as 'requires improvement'. The practice submitted an action plan detailing how they would meet the regulations governing providers of health and social care.

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

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

- There was an effective system in place for reporting and recording significant events throughout the practice and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice was visibly clean and had established infection control procedures.
- The dispensary was run by competent staff with safe processes in place.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Templates were available on the patient administration system that reflected best practice guidance.
- Clinical audits were carried out to improve the quality of the services provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported and encouraged to undertake additional training for their continuous professional development.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- One GP was accredited to provide orthopaedic services under an Any Qualified Provider contract commissioned by the local clinical commissioning group.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- 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, policies and procedures and regular governance meetings.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was well established and active within the practice.

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 throughout the practice and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed of the incident, provided with an explanation, a verbal or written apology and told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was visibly clean and had established infection control procedures.
- Competent staff with safe processes in place ran the dispensary.
- Risks to patients were assessed and well managed.
- Plans were in place in the event of a medical emergency or major disruption to the service.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Templates were available on the patient administration system that reflected best practice guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were carried out to improve the quality of the services provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported and encouraged to undertake additional training for their continuous professional development.
- Staff have a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was rated in line with national average for some several aspects of care and lowers for others. The practice was aware of this and taken action.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- One GP was accredited to provide orthopaedic services under an Any Qualified Provider contract commissioned by the local clinical commissioning group.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, at times there was a delay in waiting for an appointment or getting through by telephone. The practice were aware of this and taken action.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff generally felt supported by management.

Good



Summary of findings

- 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, policies and procedures and regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was well established and active within the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for those identified as high risk for hospital admissions.
- Carers were identified on the patient administrative system and additional support was provided as appropriate.
- The practice held seasonal flu clinics.

People with long term conditions

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

Good



- There was a GP clinical lead for long term conditions and nursing staff had lead roles in chronic disease management.
- 83% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed for example, for phlebotomy services and immunisations.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- The practice had a GP safeguarding lead and staff were aware of their responsibilities to raise concerns.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning and evening appointments on a Monday.
- The practice was proactive in offering online services to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was provided that reflected 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 homeless people and those with a learning disability.
- There were longer appointments available for patients with a learning disability and these were offered at the end of clinics to ensure there was no time pressure.
- Annual health checks were offered to patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 94% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out dementia screening and identified those patients with a diagnosis of dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results for the practice were variable compared to the local and national averages. 234 survey forms were distributed and 116 were returned. This represented 1.2% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 66 comment cards across the two sites, of which 65 were positive about the standard of care received. Patient commented that staff were caring and provided support. One comment card stated they had to wait for an appointment and of the 65 positive, 8 of these also mentioned delays in waiting for an appointment.

Millview Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Millview Medical Centre

Millview Medical Centre provides primary medical services to approximately 9,303 patients. The practice has a dispensary which dispenses medicines to patients registered with the practice.

At the time of our inspection the practice employed three GP partners (two male, one female), one salaried GP and a locum GP. The nursing team consists of two nurse practitioners, three practice nurses, two health care assistants. The dispensary consists of one dispensary manager and five dispensers. They are supported by a Practice Manager and a team of reception staff and administration staff.

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

The practice has one location registered with the Care Quality Commission (CQC) which is Millview Medical Centre, 1 Sleaford Road, Heckington, Sleaford, Lincolnshire, NG34 9QP. A branch location is situated at 29 Handley Street, Sleaford, Lincolnshire, NG34 7TQ. We inspected both sites as part of this inspection.

Millview Medical Centre at Heckington is open 8am to 6.30pm on a Monday, Thursday and Friday and 8am to 6pm on a Tuesday and Wednesday. The Sleaford surgery is open 8am to 6pm on a Monday and Friday, from 8am to 6.30pm on a Tuesday and Wednesday and from 8am to 1pm on a Thursday. Patients can have an appointment at either Heckington or the branch surgery in Sleaford.

Patients can book appointments for the Heckington practice by phone, online or in person. GP appointments are available from 8.30am to 11.30am and these can be booked after 8am on the day. Afternoon GP appointments are available from 3pm to 5.40pm and can be booked after 12 midday. The Nurse Practitioners provide a daily open surgery for sudden onset conditions within the last 48 hours. Appointments are available from 8.30am to 11.30 am and 2.30pm to 5.30 pm.

Extended hours are available on Monday evenings between 6.30pm and 8pm. If a GP is on holiday extended hours appointments are nurse practitioner appointments.

The dispensary at Heckington is open between 8.30am and 1pm and 2pm to 5.30pm Monday to Friday.

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. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice has a website which we found has an easy layout for patients to use. It enables patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website can be translated by changing the language options. This enables patients from eastern Europe to read the information provided by the practice.

Detailed findings

Millview Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. In July 2015, the practice had been rated as Requires Improvement. This inspection carried out to consider whether sufficient improvements had been made and to identify if the provider is now meeting the legal requirements and associated regulations.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 02 August 2016. During our visit we:

- Spoke with a range of staff including GPs, members of the nursing team, Practice Manager, Dispensary Manager, staff members of the dispensary and administrative and reception staff.
- Spoke with patients who used the service and observed how patients were being cared for.
- Spoke with members from the Patient Participation Group.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

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

In July 2015, we found when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. The practice did not have a system in place for legionella to prevent the risk of infection.

Safe track record and learning

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

- Staff told us they would inform a GP and the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as possible and provided with an explanation. They also received either a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they received feedback following an investigation of a significant event and they were discussed in staff meetings.

Safety alerts, including alerts from Medicines and Healthcare products Regulatory Agency (MHRA), were reviewed by the Practice Manager and distributed to the appropriate persons to action. All safety alerts were also discussed at practice meetings, minutes of meetings confirmed this.

Overview of safety systems and processes

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

- Staff were aware of and could demonstrate their responsibilities regarding safeguarding children and

vulnerable adults from abuse. All staff had received training on safeguarding children and vulnerable adults relevant to their role. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who was the lead staff member for safeguarding and the GPs provided reports where necessary for external safeguarding meetings. Internal safeguarding meetings were held within the practice and health visitors were invited, however we saw evidence that health visitors rarely attended. A template had also been devised on the patient administration system so that administrative staff could raise a potential concern or patient at risk. This was reviewed by a clinician who then followed the local protocols as appropriate. This encouraged all staff to report concerns and be aware of safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, as well as regular hand hygiene audits, and action was taken to address any improvements identified as a result. Infection control audits to review the rate of infection after minor surgery were also carried out on an annual basis. Over the past five years, the practice showed an improvement in their infection rates decreasing it from 2.6% to 0% in 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management 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. The

Are services safe?

two nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all staff members involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning, incidents were discussed at clinical meetings and an awareness book had been introduced for general communication between all staff. The practice had a system in place to monitor the quality of the dispensing process, including regular audits. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The main site at Heckington held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Locum staff underwent the same recruitment checks as permanent staff members.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk

assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of ongoing testing of the water temperatures, flushing of the taps and system disinfection for both sites.

- 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 the different staffing groups to ensure enough staff were on duty. Staffing numbers were increased depending on increased activity, for example, additional reception staff at known busier times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we noted the practice did not stock atropine or hydrocortisone. We raised this with the practice who ordered the stock immediately and confirmed after our visit that it had arrived in the practice.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A disaster handling guide was part of the business continuity plan which was a quick reference guide for staff. The plan included emergency contact numbers for staff. Staff at both practice sites were aware of what to do in the event of an emergency or major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE, discussed them at monthly clinical meetings and used this information to deliver care and treatment that met patients' needs.
- Templates were available on the patient administration system to ensure care and treatment was delivered in line with NICE guidance. We saw examples of this for the care and treatment of patients with atrial fibrillation and patients with diabetes.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

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 99.8% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 83% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 100% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 94% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

QOF data from 2014/15 showed that the practice had high exception reporting for one specific clinical indicator. (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 was for the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less (22% compared to 15% CCG and 12% National). The practice reviewed this data during the inspection and were able to demonstrate the rationale for the exception reporting.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, new templates and protocols had been devised to ensure best practice guidance was followed.
- The practice participated in local audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A locum induction pack was available for locum GPs and the practice tried to use the same two locum GPs for cover to ensure some continuity of practice and ensure they were aware of the practices' processes.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged to complete additional training as part of their continuous professional development.

Are services effective?

(for example, treatment is effective)

For example, staff received relevant training to enable them to review patients with long-term conditions. Staff had also received training to enable them to offer additional capacity for ear syringing.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice was a member of Phoenix PSUK and training days were provided as a part of the membership for the staff members in the dispensary.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was approved to support medical students in training attachments.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice reviewed unplanned admissions and readmissions on a regular basis and followed all patients after a hospital admission by telephone. Patient records and care plans were updated, as appropriate.

- Pathology results were assigned to GPs and reviewed in a timely manner with the appropriate action being taken. Patients were contacted by telephone if there were any abnormal results.
- The practice received information regarding patients accessing out of hours services and took the relevant action, as appropriate.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice identified all patients who were subject to a DoLS application and ensured patient records were accurate at all times.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition.
- Those requiring advice on their diet, smoking and alcohol cessation were also advised and referred to appropriate services, for example Quit51.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 85% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Sixty-five of the 66 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They 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 provided support when required.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and compared to the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice were aware of these results and had been working with the patient participation group to ensure patient satisfaction remained high.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also said they felt listened to and supported by staff.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 92% and compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included a local voluntary car scheme and Alzheimer's Society group activities.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 259 patients as carers (2.7% of the practice list). Carers were offered an annual health check and were also identified for the flu vaccine season.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and these were offered at the end of clinics to ensure there was no time pressure.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- There was no hearing loop at either site; however staff told us that communicating with patients who had difficulty hearing had not been a problem.
- Patients without a fixed abode could register at the practice as a temporary resident using the practice address.
- The practice provided a shared care service for patients with drug, alcohol and substance misuse.
- A physiotherapy service was hosted by the practice for local patients.
- One of the GPs was accredited to provide minor surgery services under an Any Qualified Provider (AQP) contract with the local clinical commissioning group. Services provided under this contract would normally be provided by secondary care providers, therefore showed a reduction in the number of secondary care referrals for orthopaedic services. These services included carpal tunnel decompression, trigger finger / trigger thumb and removal of ganglions.

- The practice liaised with Addaction to provide a substance misuse service. It was noted that the contract with DART was near the end and another provider would take over the contract with the practice.

Access to the service

Millview Medical Centre at Heckington was open 8am to 6.30pm on a Monday, Thursday and Friday and 8am to 6pm on a Tuesday and Wednesday. The Sleaford surgery was open 8am to 6pm on a Monday and Friday, from 8am to 6.30pm on a Tuesday and Wednesday and from 8am to 1pm on a Thursday. Patients could have an appointment at either Heckington or the branch surgery in Sleaford.

GP appointments were available from 8.30am to 11.30am and these could be booked after 8am on the day. Afternoon GP appointments were available from 3pm to 5.40pm and could be booked after 12 midday. The Nurse Practitioners provided a daily open surgery for sudden onset conditions within the last 48 hours. Appointments were available from 8.30am to 11.30 am and 2.30pm to 5.30 pm.

Extended hours were available on Monday evenings between 6.30pm and 8pm. If a GP was on holiday extended hours appointments are nurse practitioner appointments.

Urgent appointments were also available on the day and appointment slots were embargoed for those patients that required an appointment soon which were up to seven days ahead. All patients with a named GP would be accommodated to ensure an appointment was received and appointment slots were protected for patients who had an unplanned admission. The practice also offered telephone appointments.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and compared to the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and compared to the national average of 73%.

Patient feedback told us that they were able to get appointments when they needed them, however had

Are services responsive to people's needs?

(for example, to feedback?)

found it difficult to get through by telephone at times and experienced delays in waiting for an appointment. The practice had recognised this and took action to improve patient access.

The practice had a system in place to assess:

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

GPs contacted patients by telephone before a home visit was carried out to ensure it was clinically appropriate and necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The minor surgery service provided at the practice worked to a 10 week referral to treatment target, which it had consistently achieved.

Listening and learning from concerns and complaints

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

- Staff were knowledgeable about the practice complaints policy and how to support patients in raising a complaint or concern with the practice.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including patient information leaflets.

We looked at 11 complaints received in the last 12 months and found these were dealt with satisfactorily and within a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. The main theme within the complaints was GP attitude, the practice had addressed this by having meetings with the identified GPs and had seen a decrease in the amount of complaints relating to GP attitude.

Are services well-led?

Good 

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

Our findings

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

In July 2015, we found that some of the policies and procedures to govern activity were overdue a review, identified risks were not discussed in meetings, there was not a robust system for the management of complaints and when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Vision and strategy

The practice had a clear vision and summarised it to be open and transparent and delivering individualistic care. The practice had clear objectives which all staff were aware of and how this would continue to ensure patients received good quality care.

Staff were aware of the practices' vision and a copy of the mission statement was available in the reception areas.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and monitored to improve patient services.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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). The partners encouraged a culture of openness and honesty.

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

- Staff told us regular meetings were held within the practice, this included reception team meetings and dispensary teams meetings on a monthly basis, nurse meetings on a bi-monthly basis and practice meetings which were held every three months.
- Staff told us they felt able to raise incidents and be confident that they would be dealt with efficiently.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all staff members to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met every three months and worked with the practice to develop local patient surveys and submitted proposals for improvements to the practice management team. For example, issues with the telephone service had been improved so patients did not wait for a long time before the call was answered. The PPG had also raised issues with the pathway to the practice as repairs were required and issues with car park lighting. All of these had been acted on as a result. The group were proactive in preparing and issuing a seasonal newsletter which was available in the practice

Are services well-led?

Good 

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

as well as other local halls and pharmacies. Some of the plans for the future of the group were to recruit younger members and the PPG were liaising with sixth form tutors to promote awareness.

- The practice carried out patient satisfaction surveys in regards to the minor surgery service it offered. The results over the previous five years were consistently high with an average satisfaction score of 98% to 100%.

- The practice gathered feedback from staff generally through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.