

Dr Y E M Owen & Dr D I A Smith - The Wolds Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Y E M Owen & Dr D I A Smith, The Wolds Practice on 21 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had been responsive to the identified needs of patients and employed a counsellor to assist people experiencing anxiety and a nurse practitioner to meet the needs of the over 75s.
- The practice was proactive in identifying carers and supporting them as far as possible in both looking after the health and social needs of both themselves and the cared for patient.
- Information about services and how to complain was readily available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We found areas of outstanding practice which included;

Summary of findings

- The practice had employed a nurse practitioner with the aim of reducing the number of emergency admissions and inappropriate attendance at accident and emergency for patients aged over 75. Their work had resulted in a reduction in emergency admissions for a sustained period of ten months and a sustained reduction in inappropriate attendance for nine months. This has been acknowledged by the CCG as a 'step change'. Avoiding inappropriate admissions and attendance at A&E is important because it ensures that patients receive timely care in an environment which is familiar and more convenient for them.

- The practice employed a counsellor to provide talking therapies to bereaved patients and those experiencing mild to moderate anxiety. This had reduced the wait time to access help and support for this group of patients from in excess of six months to around a month.

However there was an area of practice where the provider should make improvements:

- The provider should ensure that clinical meetings are properly recorded and non-attenders made aware of the content.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Correct recruitment procedures helped to ensure safe staffing. Infection prevention and control policies were in place and followed.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice was pro-active in providing support for carers through a number of measures including customised appointment times, home visits where necessary and local carers support services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had

Good



Summary of findings

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However we found that many of the policies were overdue review. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

The GP partners were active in the local health care landscape and one had been deeply involved in the development of a new urgent care model at Louth County Hospital.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice had employed a nurse practitioner with the aim of reducing the number of emergency admissions and inappropriate attendance at accident and emergency for patients aged over 75. Their work had resulted in a reduction in emergency admissions for a sustained period of ten months and a sustained reduction in inappropriate attendance for nine months respectively. This has been acknowledged by the CCG as a 'step change'. Avoiding inappropriate admissions and attendance at A&E is important because it ensures that patients receive timely care in an environment which is familiar and more convenient for them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered, include on-line telephone booking of appointments and repeat prescriptions to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that 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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. It carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice was pro-active in identifying carers and providing support and advice to meet their healthcare and social needs as well as the cared for patient.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. All staff had received awareness of dementia through the 'Dementia Friends' program.

The practice had employed a counsellor to provide talking therapies and support for the bereaved and those experiencing mild to moderate anxiety.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

What people who use the service say

The latest national GP patient survey results available showed the practice was performing in line with local and national averages. A total of 249 forms were distributed. There were 129 responses and a response rate of 47.8%.

- 94% of respondents said they found it easy to get through to this surgery by phone compared with a CCG average of 61% and national average of 73%.
- 95% said the last appointment they got was convenient compared with a CCG and national average of 92%.
- 90% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average and national average of 75%.

- 86% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 72% and national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Two cards stated that there was no ageism at the practice and people were treated on the basis of need, not age.

During the course of the inspection we spoke with four patients who praised the standard of care and personal approach to healthcare provided by the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should ensure that clinical meetings were properly recorded and non-attenders made aware of the content.

Outstanding practice

- The practice had employed a nurse practitioner with the aim of reducing the number of emergency admissions and inappropriate attendance at accident and emergency for patients aged over 75. Their work had resulted in a reduction in emergency admissions for a sustained period of ten months and a sustained reduction in inappropriate attendance for nine months. This has been acknowledged by the CCG as a 'step change'. Avoiding inappropriate

admissions and attendance at A&E is important because it ensures that patients receive timely care in an environment which is familiar and more convenient for them.

- The practice employed a counsellor to provide talking therapies to bereaved patients and those experiencing mild to moderate anxiety. This had reduced the wait time to access help and support for this group of patients from in excess of six months to around a month.

Dr Y E M Owen & Dr D I A Smith - The Wolds Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Y E M Owen & Dr D I A Smith - The Wolds Practice

The Wolds Practice provides primary medical care for approximately 2,700 patients living in the rural area of Tetford and neighbouring villages. It is located in the Lincolnshire Wolds some 27 miles from the City of Lincoln and 6 miles from the market town of Horncastle.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

The practice had a higher number of older people aged between 50 and 79 on the patient list than the national average. 27.1 % of patients were aged 65 or over compared to the national average of 16.7%.

Care and treatment is provided by two GP partners, one male one female, a nurse practitioner, a practice nurse, phlebotomist and a counsellor. They are supported by a team of dispensers, receptionists and administration staff.

It is a dispensing practice, and dispenses to 68% of its patients.

The surgery is open between 8am and 6.30pm Monday to Friday, closing each lunchtime from 1 to 2 pm.

When the surgery is closed GP out-of- hours services are provided by provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

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

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

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with the Chair of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However we found that the process for ensuring that relevant staff were made aware of patient safety, drugs and medical devices alerts was unclear. Following our inspection we received assurances that all such alerts were now to be sent by electronic notification to staff with an audit trail to show who had read them.
- Staff told us they would inform the practice manager of any incidents. We looked at the records of seven significant events that had occurred since April 2015. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and this was reflected in the records of those meetings. However we saw that GPs did not attend all clinical meetings and there was no process in place to ensure the meetings were properly recorded and non-attenders made aware of the content. Following our visit we received assurance from the practice that clinical meetings had been re-scheduled to allow more GPs to attend. The practice also told us that meeting minutes would be maintained and shared.
- The practice had carried out an analysis of the significant events. No trends were apparent.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Patients who were subject of safeguarding had it denoted on their patient record to highlight the fact to staff.
- A notice was displayed in the waiting room, advising patients that chaperones were available. Staff who acted as chaperones were trained for the role and had received an enhanced disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was a 'Whistleblowing' policy in place and staff we spoke with were aware of it. We noted that the policy did not contain contact numbers for external agencies. The practice manager was related to the senior GP partner and they both agreed that in these circumstances it would be prudent to have external contacts available to staff. Following the inspection we were provided with evidence that the practice had addressed this matter.
- 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 regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Health and safety risk assessments had been undertaken.
- Appropriate standards of cleanliness and hygiene were followed. Regular risk assessments were made of treatment rooms in respect of infection control. A health care assistant and the practice manager were joint infection control leads. There was an infection control policy in place and we saw that the policy was followed with regular audits undertaken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Are services safe?

- The arrangements for managing medicines, including drugs and vaccinations, kept people safe. Dispensary staff were appropriately trained and their competency assessed annually by a GP.
- There were clear operating procedures in place for dispensary processes although we identified these were not always being followed, for example near-miss or picking errors within the dispensary were not being logged in the dispensary in a manner that would enable early identification of trends that would allow changes to procedures to improve safety.
- The process for obtaining, prescribing, recording, handling, disposal and security of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected. Unwanted medicines, including controlled drugs were disposed of correctly.
- In accordance with the Dispensary Services Quality Scheme, the surgery had completed a number of dispensary audits including one relating to patient returned medications which resulted in a display being produced for the waiting room highlighting to patients the high level and cost of returned medications. The dispensary manager also advised that this audit had resulted in the staff trying to reduce 'early ordering' by patients where possible. The second audit cycle was currently underway. There was also evidence of an anaphylaxis pen audit to identify patients whose pens had likely gone out of date, which was ongoing.
- Prescription pads were securely stored and maintained to safely manage their use.
- Recruitment checks were carried out prior to staff commencing work at the practice. We reviewed the files GPs, including locums, and members of staff and noted that appropriate recruitment checks had been undertaken prior to employment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice had a defibrillator and oxygen with adult and children's masks.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines for use in a medical emergency were in date and fit for use.
- Staff had received face to face training in fire safety from Lincolnshire Fire and Rescue service.

The practice had a business continuity plan in place for major incidents such as power failure, loss of telephony services or extreme weather conditions.

Are services effective?

(for example, treatment is effective)

Our findings

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 were kept up to date. The guidance was available on the practice computer system and also discussed at meetings.

Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.
- Current results were 91.3% of the total number of points available, which was 2.9% lower than the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed; Performance for diabetes related indicators was comparable with the national average. For example The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% compared to the national average of 78%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 100% compared with the national average of 94%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw that audits have been carried out in respect of end of life care, oral hypoglycaemic drugs, atrial fibrillation and minor surgery.

- These were completed audits where the improvements made were implemented and monitored.
- GPs led on the management of patients with long term conditions such as diabetes, cardiovascular problems, asthma, chronic kidney disease and chronic pulmonary obstructive disease. Both GPs also worked in out-of-hours and had regular exposure to assessing and managing the needs of patients with long term conditions who became acutely unwell.
- A member of staff was responsible for identifying those patients with long term conditions due a review. Three reminders were sent and then if they did not attend a marker was placed on their patient record to alert clinicians that they should seek to carry out an opportunistic review.
- A member of the PPG, with the support of the practice was in the process of establishing a diabetic support group.

Effective staffing

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

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice.
- We found that there was a thorough system of supervision and appraisal. Staff told us they received an annual appraisal of their performance and we looked at records that showed this to be the case.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to training modules and in-house and external training resources. All staff received one hour per week paid, protected learning time.
- GPs had special interests in areas of medicine such as diabetes, heart failure, musculoskeletal problems, mental health and pre-hospital emergency medicine.

Are services effective?

(for example, treatment is effective)

- The nurse practitioner had a special interest in medicine for the elderly and acute medicine. The nurse had a special interest in women's and sexual health.

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, SystmOne and their intranet system. This included care and risk assessments, care plans, medical records and test results.
- Incoming mail and pathology results was all dealt with by a GP on the day of receipt.
- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- The practice provided a wealth of health promotion and advice material both in paper format at the surgery and also on its website.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, and when they were referred, or after they are discharged from hospital.
- Multi-disciplinary meetings took place and included GPs, community nurses and Macmillan nurses. Records of the meetings were entered directly onto the patient notes.

Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- We saw examples of how patients consent for minor surgery was recorded in writing and scanned on to the patient record.

Health promotion and prevention

- Patients who may be in need of extra support were identified by the practice. These included, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88.2% which was above both the CCG and national average .
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We noted that the rates for breast screening in the last 36 months, 77%, was slightly higher than both the CCG and national average.
- Childhood immunisation rates were significantly lower than CCG averages for some vaccinations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 43% to 86% compared to the CCG average of 94% to 96% and five year olds from 62% to 95% compared to the CCG average of 87% to 95%. However the numbers of children in these age groups were very small. For example the number of eligible children for vaccinations at 24 months was just seven. One parent not bringing their child for an vaccination had resulted in a 15% decrease in achievement.
- Flu vaccination rates for the over 65s were 56% which was significantly below the national average of 73%. However we saw that the latest figures showed a significant increase. The rate for patients aged 75 or over was 81% and was reflective of the work done by the nurse practitioner in managing the health needs of this age group.
- Flu vaccination rates for at risk groups was 41%. This was comparable to national averages.
- Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

- All patients aged 75 or over were invited in for an annual screening assessment. Take up of the opportunity was 82%.
- The practice was part of a scheme aimed at reducing emergency admissions and accident and emergency attendances for the practice population aged 75 years and over. Of the 30 practices in NHS Lincolnshire East CCG, 27 had schemes approved. Schemes ranged from employing nurse practitioners to providing reviews of patients and increasing ward rounds for vulnerable older patients and care home residents to creating extra capacity for GPs to give protected appointment slots to patients in this age group. The Wolds Practice had employed a nurse practitioner to manage the healthcare needs of this particular age group. Evidence from the CCG showed that the practice had successfully reduced the number of avoidable emergency admissions for ten consecutive months and inappropriate A&E attendance rates for nine consecutive months prior to our inspection. The CCG considered this achievement to be a 'step change'.
- The practice website contained relevant and up to date health advice, for example information regarding an outbreak of norovirus.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.
- The patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with the Chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 93% said the GP was good at listening to them compared to the national average of 89%.
- 92% said the GP gave them enough time compared to the national average of 87%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.

Care planning and involvement in decisions about care and treatment

Patient feedback indicated that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were significantly better than local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations, including the Lincolnshire Carers and Young Carers Partnership.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals.
- A condolence card was sent to all bereaved families if their address was known.
- The practice employs an in house counsellor who can provide bereavement support. The GPs took the decision to employ a counsellor as referrals were not taken by the mental health team until six months post death but the practice felt that this was in many cases too long.
- The practice was pro-active in identifying and supporting carers. For example they offered;

Are services caring?

Home visits and/or telephone appointments if caring responsibilities meant they could not leave the person they cared for or could not bring them to the surgery;

Flexibility or priority with regard to appointment times where possible;

Support for the person they cared for in the waiting room or a private area if they needed to bring them to the surgery but would like an appointment in private;

Information about local carers support services which may be able to arrange transport and/or sitting services to help carers leave home to attend surgery;

Telephone ordering for prescriptions where possible;

An annual health check and a flu vaccination;

Information about their right to a Carers' Assessment of their own needs as a carer;

Advice on safer lifting and other aspects of providing care such as medication;

Discussion with the carer on what they would like the practice to do in the event of the carer or the person being cared for care for having a medical or other emergency.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those who needed to be seen that same day.
- The practice was well equipped to meet the needs of patients and others with restricted mobility for example wheelchair users.
- Information on translation services was displayed and reception staff we spoke with were aware of what to do in the event that a patient required the services of a translator.
- The practice had a number of elderly patients who were a local residential care home with nursing. The nurse practitioner routinely visited the home on a weekly basis to meet the needs of this particular patient group and to help establish and enhance continuity of care. All the residents were registered with the practice.
- The practice had responded positively to delays in patients receiving counselling for mild to moderate anxiety through NHS commissioned services by employing a counsellor who worked six hours a week and offered appointments outside working hours. There was currently a three to four week wait for this service.

Access to the service

- The surgery was open 8am to 1pm and 2pm to 6.30pm Monday to Friday.
- Bookable appointments were available up to six weeks in advance.
- One hour a day was set aside for book on the day GP consultations. Telephone appointments were available as necessary and walk-in patients were seen although they were informed there could be a considerable wait.

- On the day of our inspection the next available pre-bookable GP appointment was two working days away as was the next pre-bookable practice nurse appointment.
- The practice does not currently offer extended hours with GP appointments but reviewed the situation following the GP patient survey every year. They had judged the demand was not high enough to offer this service. The practice nurse offered late appointments on the last Thursday of every month.
- The practice utilised SystemOnline that allowed patients to book appointments, order repeat prescriptions and view their medical record on-line and at a time convenient to the patient.
- In the out-of-hours period primary medical services were provided by Lincolnshire Community Health Services NHS Trust via the NHS 111 telephone system.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded national averages in all the indicators. For example:
- 94% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 94% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 90% of patients described their experience of making an appointment as good compared to the national average of 73%.
- 90% of patients stated that the last time they wanted to see a GP or nurse they were able to get an appointment compared with the national average of 76%.
- 90% of patients said they would recommend the practice to someone new to the area compared to the national average of 76%.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system e.g. posters displayed and the practice information leaflet. Comprehensive complaints information was easily accessible on the practice website.
- We looked at the one complaint that had been received over a period of 12 months and found it had been

satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. It had not needed to be referred to the Parliamentary and Health Service Ombudsman.

Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

- The practice staff displayed a clear intention to deliver high quality care and promote good outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Succession planning was evident. Nurses had been encouraged to up skill and the regular locum GP had agreed to work an additional session to maintain the services to patients aged over 75 (due to a nurse practitioner retiring). This was an interim measure until a suitable replacement could be found.

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

Leadership, openness and transparency

- The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritised safe, high quality and compassionate care.

- The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- The practice encouraged a culture of openness and honesty.
- Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.
- We met with the Chair of the patient participation group who told us they had met every quarter and saw their role as helping the practice to maintain and improve GP services. They told us they were well supported by the practice and that meetings were well attended.
- The practice had a comments and suggestion box in the reception area and also operated a 'You said, we did' patient feedback process via the website that enabled patients to express view and comments. We saw that the comments had included positive views about the quality of care and also such things as the need for a new clock in the waiting area and for SMS messaging on the day of an appointment as a reminder. We saw that the practice had responded to all of the comments. A new clock had been installed. SMS messaging had been implemented.