

Nettleham Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nettleham Medical Practice on 28 April 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. There was a coordinator in place for significant events who produced a regular significant event newsletter to ensure all staff were aware of recent incidents and ensured lessons learned were shared with all practice staff.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments which were reviewed on a regular basis.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided a memory clinic held in-house on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age psychiatry.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice achieved the highest dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during 2015-16.
- If families had suffered bereavement, their usual GP sent a letter to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services. The practice had received numerous letters and cards of thanks for the support offered by staff at times of bereavement.
- The practice provided health pods in the waiting area for patients which enabled them to check their own blood pressure reading and weight measurements. This system was available in numerous different languages and automatically updated the patient care record with this information. Patients could use this system at a convenient time to the patient.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

During our inspection we saw four areas of outstanding practice:

- The practice worked in partnership with the patient participation group. A voluntary driver scheme was formed in 2009 in response to difficulties patients experienced in attending consultations at either practice. There were 13 dedicated voluntary drivers who had carried out 11,146 patient journeys for approximately 360 patients since the scheme began.
- The practice provided a memory clinic held in-house on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age psychiatry. The practice also had an effective alert system in place within the patient care record to ensure clinicians carried out effective dementia screening for patients who required this. The practice had achieved the highest

dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during 2015-16. This provided an early diagnosis for patients and enabled GPs to provide the most effective care, treatment and support to help them to manage their condition.

- The practice carried out an on-going palliative care audit. Three full cycle audits had been carried out at the time of our inspection. The aim of this audit was to identify all patients who required palliative care and to review the levels of care delivered to these patients and those at end of life, and assessed whether appropriate end of life care planning had been provided. The practice aimed to ensure the best possible care was provided to these patients at all times. As part of this audit process, the practice produced its own standards in line with the Department of Health 2008 end of life care strategy to ensure clinicians continually monitored and delivered high quality care for patients. The practice carried out a full review of all of these patients during multi-disciplinary meetings to ascertain whether these standards had been achieved and carried out a significant event analysis to identify where improvements could have been made in the delivery of care.
- The practice provided an in-house leg ulcer clinic which provided holistic care for patients of the practice who suffered leg problems. This service had been introduced approximately 12 years ago. The practice had a higher than average elderly population who had increased risk of developing chronic oedema and other leg problems and the nearest specialist lymphedema clinic was approximately 40 miles away from the practice. 14.1% of the practice patient population were over the age of 75 compared to the CCG average of 8.4% and national average of 7.5%. The aim of this service was to provide early intervention and long term management of patients, reducing costs to the NHS, reducing admissions to hospital and enhancing quality of life for patients. 2.71% of the practice patient population were being seen in this clinic at the time of our inspection. 88% of

Summary of findings

patients seen in this clinic had successfully healed venous leg ulcers. We saw numerous examples of case studies of patients whose treatment had been successful.

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. The practice held a register of all significant events and incidents. There was a coordinator in place for significant events who produced a regular significant event newsletter to ensure all staff were aware of recent incidents and ensured lessons learned were shared with all practice staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were 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. Patients identified as at risk of abuse were discussed and reviewed during regular multi-disciplinary meetings.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments at both the main and the branch surgery which were reviewed on a regular basis.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the practice manager and staff were notified of these alerts via an electronic system.
- Patients prescribed high risk medicines were provided with personalised drug monitoring books for an additional 19 shared care and high risk medicines which included Amiodarone and Sulfasalazine as well as for Methotrexate and Lithium monitoring books which existed nationally.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC). A register was held by the practice which included full details NMC registration numbers and expiry dates. This register also held details of DBS checks and General Medical Council (GMC) registration numbers for all GPs.

Summary of findings

- The practice had implemented a comprehensive library of patient alerts and clinical protocols within their clinical system which highlighted key information regarding the patient.

Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an on-going audit programme in place and clinical audits demonstrated quality improvement. The practice produced its own standards in line with the Department of Health 2008 end of life care strategy to ensure clinicians continually monitored and delivered high quality care for patients at the end of their life. An audit was in place to monitor this.
- All deceased patient were reviewed during multi-disciplinary meetings, significant event analysis were carried out where necessary to identify where improvements could have been made in the delivery of care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided a memory clinic held in-house, on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age psychiatry.
- The practice achieved the highest dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during 2015-16.
- The practice's uptake for the breast screening programme was 83% which was higher than the CCG average of 74% and the national target of 70%.
- The practice provided an in-house leg ulcer clinic which provided holistic care to patients of the practice who suffered with leg problems.
- The practice carried out 'virtual medicine reviews'. Approximately one month prior to a medicines review being

Outstanding



Summary of findings

due, a GP would carry out a full review of the patient care record to ensure any blood tests and other health screening requirements dependent upon the needs of the patient were arranged all within the one appointment.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- Written information was available to direct carers to the various avenues of support available to them. The practice provided a carers section on its website which provided full contact details of local carers support groups which included a video link. There was also links to other relevant information for carers which included a dementia carer's handbook.
- If families had suffered bereavement, their usual GP set a letter to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services. The practice had received numerous letters and cards of thanks for the support offered by staff at times of bereavement.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Members of the patient participation group (PPG) provided a voluntary transport service for those patients who resided in surrounding rural villages who had difficulty in attending the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- 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.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice offered extended opening hours on a Saturday morning from 9am until 12noon for working patients who could not attend during normal opening hours.
- GPs provided weekly visits to patients who resided in local nursing homes.
- The practice had what they referred to as a 'golden ticket' appointment system in place for patients identified as at risk of unplanned admission to hospital and those at end of life or who suffered severe disability. This system ensured priority access appointments were given to these patients when required and enabled these patients to book a routine appointment up to five weeks in advance.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high 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 felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



Summary of findings

- The practice was also a training practice for nurse students who were enrolled with the University of Lincoln. Members of the nursing team were trained to support student nurses during placement with the practice.
- The practice was a training practice and delivered training to GP registrars. (A GP Registrar is a fully qualified doctor who is training to become a GP).

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 outstanding for the care of older people.

- 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.
- GPs provided a weekly visit to patients residing in care and nursing homes.
- The practice provided same day access to either an appointment, telephone consultation or home visit for older people who required this.
- The practice were ranked 4th out of 36 practices for returning bowel screening data within NHS West Lincolnshire CCG, uptake was 68% compared to the CCG average of 58% and national target of 60%.
- The practice worked in partnership with the patient participation group. A voluntary driver scheme was formed in 2009 in response to difficulties patients experienced in attending consultations at either practice. There were 13 dedicated voluntary drivers who had carried out 11,146 patient journeys for approximately 360 patients since the scheme began.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98% which was higher than the national average of 89%. This included an exception reporting rate of 7% which was lower than the CCG average of 10%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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 multi-disciplinary package of care.

Outstanding



Summary of findings

- The practice provided a leg ulcer and leg care clinic for those patients requiring this service.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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.
- 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.
- The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 84% and the national average of 82%.
- 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, health visitors and school nurses.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding 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 was proactive in offering online services such as ordering repeat prescriptions appointment booking and viewing patient summary care records as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice participated in an electronic prescribing service.
- The practice offered a text reminder service for booked appointments.
- The practice provided appointments on a Saturday morning from 9am until 12noon at the main surgery.
- The practice offered telephone consultations for patients who were unable to attend for an appointment.
- The practice provided health pods in the waiting area for patients which enabled them to check their own blood

Outstanding



Summary of findings

pressure reading and weight measurements. This system was available in numerous different languages and automatically updated the patient care record with this information. Patients could use this system at a convenient time to the patient.

People whose circumstances may make them vulnerable

The practice is rated as outstanding 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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. These appointments were carried out jointly with a practice nurse who offered a 50 minute appointment, followed by an appointment with a GP.
- 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.
- 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.
- Vulnerable patients were discussed and reviewed during regular clinical meetings to ensure their needs were being met by the practice.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100% which was higher than the national average of 93%. This included an exception reporting rate of 8% which was lower than the CCG average of 15%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided a memory clinic held in-house, on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age

Outstanding



Summary of findings

psychiatry. The practice achieved the highest dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during 2015-16.

- 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.
- The practice offered longer appointment times up to 30 minutes for patients experiencing poor mental health including dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the local and national averages in some areas and comparable to in other areas. 237 survey forms were distributed and 132 were returned. This represented 1.15% of the practice's patient list.

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 75% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were mostly positive about the standard of care received. Patients told us that staff were professional, helpful, caring and responsive.

We did not speak with patients during the inspection. However, we did speak with three members of the patient participation group who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 97% of patients who had responded said they would recommend this practice to their friends and family.

Outstanding practice

During our inspection we saw four areas of outstanding practice:

- The practice worked in partnership with the patient participation group. A voluntary driver scheme was formed in 2009 in response to difficulties patients experienced in attending consultations at either practice. There were 13 dedicated voluntary drivers who had carried out 11,146 patient journeys for approximately 360 patients since the scheme began.
- The practice provided a memory clinic held in-house on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age psychiatry. The practice also had an effective alert system in place within the patient care record to ensure clinicians carried out effective dementia screening for patients who required this. The practice had achieved the highest dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during

2015-16. This provided an early diagnosis for patients and enabled GPs to provide the most effective care, treatment and support to help them to manage their condition.

- The practice carried out an ongoing palliative care audit. Three full cycle audits had been carried out at the time of our inspection. The aim of this audit was to identify all patients who required palliative care and to review the levels of care delivered to these patients and those at end of life, and assessed whether appropriate end of life care planning had been provided. The practice aimed to ensure the best possible care was provided to these patients at all times. As part of this audit process, the practice produced its own standards in line with the Department of Health 2008 end of life care strategy to ensure clinicians continually monitored and delivered high quality care for patients. The practice carried out a full review of all of these patients during multi-disciplinary meetings to ascertain whether

Summary of findings

these standards had been achieved and carried out a significant event analysis to identify where improvements could have been made in the delivery of care.

- The practice provided an in-house leg ulcer clinic which provided holistic care for patients of the practice who suffered leg problems. This service had been introduced approximately 12 years ago. The practice had a higher than average elderly population who had increased risk of developing chronic oedema and other leg problems and the nearest specialist lymphedema clinic was approximately 40 miles away from the

practice. 14.1% of the practice patient population were over the age of 75 compared to the CCG average of 8.4% and national average of 7.5%. The aim of this service was to provide early intervention and long term management of patients, reducing costs to the NHS, reducing admissions to hospital and enhancing quality of life for patients. 2.71% of the practice patient population were being seen in this clinic at the time of our inspection. 88% of patients seen in this clinic had successfully healed venous leg ulcers. We saw numerous examples of case studies of patients whose treatment had been successful.

Nettleham Medical 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 second CQC Inspector, a GP specialist advisor, and a practice nurse specialist advisor.

Background to Nettleham Medical Practice

Nettleham Medical Practice provides primary medical services to approximately 11,442 patients surrounding the village of Nettleham in Lincolnshire. The practice has a branch surgery located in a nearby village called Cherry Willingham. The practice also provides services to patients residing in three nursing homes in the surrounding area, one of which cares for patients with learning disabilities. The practice has a dispensary on site at both the main practice and also at the branch surgery in Cherry Willingham.

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

The practice is a training practice and delivers training to GP registrars. A GP registrar is a fully qualified doctor who is training to become a GP. The practice delivers teaching sessions to medical students on a rotational basis who are enrolled with the University of Nottingham. Nettleham Medical Centre is also a research accredited practice.

The practice is a training practice for nurse students who are enrolled with the University of Lincoln. Members of the nursing team are trained to support student nurses during placement with the practice.

At the time of our inspection the practice employed a team of male and female GPs which consisted of five GP partners, two salaried GPs and two GP registrars. They are supported by a practice manager who also manages both dispensaries, a deputy manager, a nurse practitioner, five practice nurses, two health care assistants, two phlebotomists, six dispensers, eight administrators, six receptionists and four support staff including domestic and driving staff.

Nettleham Medical Practice is open from 8.30am to 6.30pm Monday to Friday with the exception of a Thursday when the practice is open until 8pm. The telephone lines are open from 8am each day. The practice also provides appointments on a Saturday morning from 9am until 12noon. Cherry Willingham Branch Surgery is open from 8.30am until 12.30pm on Monday to Friday and from 2pm until 6pm on a Monday afternoon.

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

The practice has a higher population of patients between the aged over 65 years of age and the patient list has low levels of deprivation.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records including detailed coded medical records.

Detailed findings

The practice is part of a federation which consists of six practices who provide services to approximately 50,000 patients within NHS Lincolnshire West Clinical Commissioning Group (CCG).

The practice has opted out of the requirement to provide GP consultation when the surgery is closed, the out-of-hours 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. The 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.

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 28 April 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager, deputy practice manager, nurse team leader, nurse practitioner, dispensary staff and a member of the reception team. We also spoke with patients who used the service.
- Spoke with three members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed six 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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). The practice held a register of all incidents reported.
- A non-clinical member of staff acted as a coordinator for incident reporting and significant events. This role included organisation of incident meetings, preparing of minutes and action items and preparation of newsletters specifically in relation to incidents which documented awareness of lessons learned for all practice staff.
- The coordinator produced a regular significant event newsletter to ensure all staff were aware of recent incidents and ensured lessons learned were shared with all practice staff. We saw evidence of a newsletter dated January 2016 which included the detail of four different incidents such as medicines, recall systems and vaccination incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our inspection, we reviewed 21 significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a previous incident relating to the collection of medicines from the dispensary, the practice implemented a new system within the dispensary at Nettleham Medical Practice for

medicines awaiting collection by patients to reduce the risk of medicines being given to the wrong patient. Staff we spoke with told us they found this new system more effective and efficient.

- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the practice manager and staff were notified of these alerts via an electronic system. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Safeguarding concerns were discussed in regular in-house, multi-disciplinary team meetings which included health visitor input. We saw minutes of these meetings which evidenced that all patients who were recorded as having safeguarding concerns were reviewed during a meeting on a monthly basis. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. All members of the nursing team were trained to level 3.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- The practice had implemented a comprehensive library of patient alerts and clinical protocols within their clinical system which highlighted key information regarding the patient. The practice introduced this

Are services safe?

system to improve responsiveness and ensure the safety of their patients. During our inspection, we saw examples of numerous alerts which included those patients prescribed shared care and high risk medicines and patients who were provided with a medicines organiser case for medicines from the dispensary to ensure any medicine changes were acted upon immediately. We also saw alerts in place which highlighted the correct age required for all childhood immunisations to avoid vaccination errors. Other alerts included patients at risk of dementia, mild memory impairment, those patients with a Deprivation of Liberty Safeguard in place (DoLS) and those patients who were military personnel to ensure clinical staff were aware of their circumstances. Clinical protocols were implemented within the care record to guide clinical staff through decision making processes in relation to various areas such as mental capacity assessments and best interest decisions, registration of advanced directives and also for care plan reviews and prescribing of particular antibiotics such as those for chronic kidney disease.

- The practice had a system in place which involved a series of data searches which were created within the clinical system which enabled the practice to capture specific data regarding patients to ensure the continual monitoring of these patients. For example, those patients who had been referred as a two week wait suspected cancer referral. This search was carried out on a regular basis to ensure the practice was aware of all patients who had been referred so they could check that the patient had received and attended an appointment within the two week timeframe. Other data searches included patients who were diagnosed with chronic kidney disease which enabled the practice to ensure patients received regular monitoring and health checks when required. The practice also monitored any patients who may have suffered female genital mutilation to ensure these cases were reported in line with national guidelines.
- The practice carried out a review of all deceased patients during a multi-disciplinary meeting. A significant event analysis was carried out where required to identify where improvements could be made in relation to the care delivered to these patients.
- A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. A chaperone policy was in place. Training had been provided by an external provider. Staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams and attended local meetings on a three monthly basis to keep up to date with best practice. There was an infection control protocol in place and the infection control lead ensured staff had received up to date training which included hand washing techniques. Annual infection control audits were undertaken for both the main and the branch surgery and we saw evidence that action was taken to address any improvements identified as a result. A cleaning schedule was in place which showed that privacy curtains were cleaned on a six monthly basis.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- 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. There was a process in place for following up uncollected prescriptions by patients. If a patient did not collect their prescription for a high risk medicine, a member of the dispensary team would attempt to

Are services safe?

contact the patient and an appointment would be made with a GP if a patient had stopped taking their medicines to ensure this could be reviewed to ensure the safety of the patient.

- The practice carried out significant event analysis of any incidents which involved the prescribing of high risk medicines. We saw evidence of an analysis carried out on a patient who was prescribed a medicine that required six monthly blood monitoring. A recall system was in place to ensure patients were invited to attend the practice for a review. However, a patient was not recalled to attend which had led to a delay in monitoring. As a result of this analysis, recall and appointment systems were changed and phlebotomists received further training to ensure these types of incidents were minimised in the future. Patients prescribed high risk medicines were also provided with drug monitoring books.
- Patients prescribed high risk medicines were provided with personalised drug monitoring books for an additional 19 shared care and high risk medicines as well as for Methotrexate and Lithium monitoring books which existed nationally. These books included advice for patients regarding taking their medication and what to do in an emergency. These books also included information for clinicians regarding monitoring and on-going management of patients and a detailed record of medication dosages and previous blood test results. This system was implemented following a significant event analysis based on an incident which involved the prescribing of Amiodarone to a patient. We saw examples of these books during our inspection. The practice had also implemented pop up alerts within the patient care record which activated upon entry into the care record to alert staff that these patients were prescribed shared care medicines. This also alerted the GP to ensure monitoring books were provided when prescribing shared care and high risk medicines.
- The practice carried out regular medicines audits, with the support of the local medicines 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. There was a policy in place for the security of prescriptions.
- There were a range of standard operating procedures (SOPs) for the staff responsible for dispensing medicines. SOPs are documents that explain a procedure for staff to follow. These help to ensure all staff members work in a consistent and safe way. All SOPs had been reviewed on a regular basis.
- Processes were in place to check that all medicines in the main and branch dispensaries were within their expiry date and suitable for use. We saw evidence of regular checks being undertaken. We checked numerous medicines during our inspection at both the main and branch surgery dispensary and all were within their expiry date.
- There was an effective barcode scanning system in place at both dispensaries for use when receiving and dispensing medicines. This system reduced the risk of errors when handling medicines. A GP provided a second check when staff dispensed controlled drugs to ensure the risk of dispensing errors was minimised.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed in February 2016. (cold chain is the maintenance of refrigerated temperatures for vaccines). An independent thermometer was installed to the vaccination fridge which provided an additional temperature check.
- A nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed three PGDs which were signed and dated. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff 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 and the practice had a system in place to monitor the quality of the dispensing process.

Are services safe?

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 practice held stocks of controlled drugs within both on-site dispensaries. (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. The practice held a register of all DBS check details.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. A health and safety compliance audit had been undertaken by an external health and safety consultant at both the main practice and the branch during April 2015.
- During our inspection, we saw a staff notice board within the reception area which gave staff advice on general health and safety, safeguarding, fire procedures and emergency first aid procedures.
- We saw evidence that all members of staff had undertaken a display screen equipment (DSE) assessment.
- The practice had up to date fire risk assessments in place which had been carried out by an external specialist. The practice also carried out regular fire drills. There was appropriate fire protection equipment in the premises which had been serviced on a regular basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Electrical items were last checked in August 2015.

- The practice had a risk register in place, we saw evidence of 44 risk assessments, 16 related to the branch surgery. The risk assessments were in place to monitor clinical risk, safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A programme of six monthly water sample testing was carried out by an external specialist and the practice carried out regular water temperature checks and flushing regime to ensure the prevention of legionella. The practice had a practice policy in place relating to legionella. The practice also had a risk management policy in place and a separate policy specific to the dispensaries. Risk assessments were also in place which were specific to both dispensaries.
- 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 enough staff were on duty.

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 and there were emergency medicines available in the treatment room.
- The practice had three trained, nominated first aiders in post.
- Both Nettleham Medical Practice and the branch surgery had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We saw evidence that all emergency equipment was checked on a weekly basis by a member of the nursing team.
- 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.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had been reviewed in March 2016.



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 and used this information to deliver care and treatment that met patients' needs. The practice manager was responsible for ensuring all updates were circulated to relevant members of staff, staff we spoke with were able to recall recent updates which had been circulated to staff. We saw evidence of 13 different updates which had been circulated to staff via an electronic system which gave staff a response deadline date with details of actions to be taken where necessary. We also saw copies of meeting minutes which highlighted NICE updates which were discussed and actions agreed. A record was held at the practice of all NICE and other clinical guidance and updates received. This record detailed the date of the guidance and a responsible GP was allocated to ensure each update was discussed during a clinical meeting and any actions taken as a result.
- The practice monitored that these guidelines were followed through risk assessments, audits 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. Overall exception reporting rate was 5.1%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 98.6% which was better than the national average of 89%. This included an exception reporting rate of 7% which was lower than the CCG average of 10%.
- Performance for mental health related indicators was 100% which was better than the national average of 93%. This included an exception reporting rate of 8.5% which was lower than the CCG average of 15.1%.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, the practice had an ongoing audit programme in place. During our inspection, we saw evidence of numerous audits which included audits of antibiotic prescribing, inadequate cervical smear results, prescribing and leg ulcer clinic audits. We looked at a palliative care audit which was a completed audit carried out over three cycles. The aim of this audit was to review the levels of care delivered to all palliative care patients and assessed whether appropriate end of life care planning had been provided to ensure the best possible care was provided for patients. As part of this audit process, the practice produced its own standards in line with the Department of Health 2008 end of life care strategy to ensure clinicians continually monitored and delivered high quality care for patients at the end of their life.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice provided a memory clinic held in-house, on a monthly basis for patients. This service was delivered by a community mental health nurse and a consultant in old age psychiatry. The practice had an effective alert system in place within the patient care record to ensure clinicians carried out effective dementia screening for patients who required this. Both the memory clinic and effective systems in place for dementia screening of patients, increased earlier rates of diagnosis of disease such as dementia and ensured patients received early intervention and access to support. The practice achieved the highest dementia diagnosis rate within Lincolnshire West CCG of 94 patients diagnosed during 2014-15, with an increase in diagnosis to 122 patients during 2015-16.

The practice provided an in-house leg ulcer clinic which provided holistic care for patients of the practice who



Are services effective?

(for example, treatment is effective)

suffered leg problems. This service had been introduced approximately 12 years ago. The practice had a higher than average elderly population who were more at risk of developing chronic oedema and other leg problems and the nearest specialist lymphedema clinic was approximately 40 miles away from the practice. 14.1% of the practice patient population were over the age of 75 compared to the CCG average of 8.4% and national average of 7.5%. During our inspection, we saw evidence of an audit carried out of this service which highlighted that 2.71% of the practice patient population were seen in this clinic. 88% of patients seen in this clinic had successfully healed venous leg ulcers. We saw examples of case studies of patients whose treatment was successful. The aim of this service was to provide early intervention and long term management of patients reducing costs to the NHS, reducing admissions to hospital and enhancing quality of life for patients.

The practice provided health pods in the waiting area for patients which enabled them to check their own blood pressure reading and weight measurements. This system was available in numerous different languages and automatically updated the patient care record with this information. Patients could use this system at a time convenient to them.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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.

The practice had a traffic light system in place which was followed to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met. This system was used during multi-disciplinary meetings which various professionals were present such as district nurses and Macmillan nurses.

Consent to care and treatment

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



Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received training in the Mental Capacity Act. 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 process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided smoking cessation advice to patients who requested this service which was available in-house.

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast screening programme was 82.8% which was higher than the CCG average of 74% and the national target of 70%. The practice were ranked 4th out of 36 practices for returning bowel screening data within NHS West Lincolnshire CCG. The uptake was 68% compared to the CCG average of 58% and national target of 60%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 90% to 98%.

The practice carried out 'virtual medicine reviews'. Approximately one month prior to a medicine review being due, a GP would carry out a full review of the patient care record to ensure any blood tests and other health screening requirements dependent upon the needs of the patient were arranged all within the one appointment. This reduced the amount of times the patient needed to come into the practice and reduced unnecessary appointments. This also helped to improve access to appointments for other patients.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received six Care Quality Commission comment cards from patients which were mostly 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 87% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care 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 Language Line telephone translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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.

Information about support groups was also available on the practice website. The practice actively encouraged patients to identify themselves as carers. We saw promotional materials on display within the waiting area to encourage patients to ask for a carers identification scheme form. There was also a carer's policy in place.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 182 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice provided a carers section on its website which provided full contact details of local carers support groups which included a video link. There was also links to other relevant information for carers which included a dementia carer's handbook.

Staff told us that if families had suffered bereavement, their usual GP sent a letter to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services. The practice had a deceased patients policy in place and the practice staff were able to support patients to organise funeral arrangements and legal and administration requirements. The practice had received numerous letters and cards of thanks for the support offered by staff at times of bereavement.

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 opening hours on a Saturday morning from 9am until 12noon and also on a Thursday 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.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and telephone and on-line translation services available. A wheel chair was available for those who required this.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking appointments and access to patient summary care record and detailed coded medical records.
- The practice provided a delivery service from their dispensary for patients requiring medications to be delivered to their home address.
- Midwifery led clinics were held in house twice weekly.

Access to the service

Nettleham Medical Practice is open from 8.30am to 6.30pm Monday to Friday with the exception of a Thursday when the practice is open until 8pm. The telephone lines are open from 8am each day. The practice also provides appointments on a Saturday morning from 9am until 12noon. Cherry Willingham Branch Surgery is open from 8.30am until 12.30pm on Monday to Friday and from 2pm until 6pm on a Monday afternoon.

Extended hours appointments were offered on a Thursday evening until 8pm and on a Saturday morning from 9am until 12 noon. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments and telephone consultations were also available for people that needed them. GPs provided weekly visits to patients residing in local nursing homes. The practice had a 'golden ticket' appointment system in place for patients identified as at risk of unplanned admission to hospital and those at end of life or who suffered severe disability. This system ensured priority access appointments were given to these patients when required and enabled these patients to book a routine appointment up to five weeks in advance.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 54% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 74% of patients said the last time they wanted to see or speak to a GP or nurse.

Member of the patient participation group (PPG), supported the practice in improving access for patients. They provided a voluntary transport service for those patients who resided in surrounded rural villages who had difficulty in attending the practice. All voluntary drivers wore identification badges, had received a DBS check and were also required to complete a driving licence check. There were 13 dedicated voluntary drivers who had carried out 11,146 patient journeys for approximately 360 patients since the scheme began in 2009.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

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 practice reviewed all patient accident and emergency attendances during multi-disciplinary meetings to assess whether the attendance could have been prevented by the practice. Actions were agreed where necessary and care plans were reviewed for those who had these in place.

Listening and learning from concerns and complaints

The practice had an effective 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 had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area.

- The practice held a register of all formal complaints received. A record was also held of all informal, verbal complaints received which noted actions taken. 20 informal complaints had been received and actioned by the practice during the period 2015-16.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this. For example, we saw evidence of an analysis carried out in relation to a complaint which involved a prescription error within the dispensary. The process for storage of dispensed medications awaiting collection within the dispensary was implemented as a result of this complaint and outcome of the significant event analysis.

The practice also held a register of all compliments and positive feedback received. We saw 17 examples of feedback which included compliments for care and support provided during bereavement, a thank you for the care shown towards a patient which made them feel safe and looked after and also a thank you for timely appointment being provided. Feedback was shared with all practice staff.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had core values in place which included quality, integrity, respect and compassion. These values was displayed in the practice and staff knew and understood these values. During our inspection we saw that these values was displayed on a staff notice board. The practice also displayed the roles of the practice leadership team.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was innovative and strived to continually improve the services provided to patients and to continually inspire, motivate and develop their staff to achieve their aims.

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. During our inspection, we looked at 12 policies which included business continuity, infection control, patient deaths, consent and health and safety. All policies had been regularly reviewed and updated. Staff we spoke with were aware of these policies and procedures and how to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were rigorous arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was an effective risk register in place.

Leadership and culture

On the day of inspection the partners and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. The practice also held regular clinical, multi-disciplinary, business and significant event meetings.
- The practice held dedicated dispensary meetings where dispensary staff, the practice manager and the prescribing lead GP were present and dispensary issues were discussed. In addition, the dispensary held a 'communications book' at the branch surgery to enable dispensary staff to be kept aware of day to day dispensary issues.
- All clinicians and members of the management team met informally on a daily basis each afternoon for informal discussion and team building.
- The partners and management team met on almost a weekly basis to discuss strategic and leadership planning and to continually review governance and performance arrangements.

Are services well-led?

Outstanding



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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- The partners and management team attended away days on at least an annual basis. Previous away days included planning to ensure effective organisation of workloads between clinicians and mechanisms for peer review and also financial and staffing as well as planning the key priorities of the practice such as appointments and access, patient services and training capacity for medical students and registrars. We saw evidence of meeting minutes during our inspection which reflected this.

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 practice also had a virtual PPG in place to ensure information could be circulated to patients via email for those who were not able to attend the practice for meetings. The PPG had approximately 28 members who met on a two monthly basis. A GP, deputy practice manager and a member of the reception team attended all PPG meetings to ensure there was representation from the practice. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG were also actively involved in fund raising for the practice and were also personally contributing towards the costs of installation of automated doors in the near future for ease of access for patients and those with a disability or who required the use of a wheelchair. The PPG members were active

within the community and delivered practice information and newsletters to patients residing in surrounding villages who found it difficult to attend the practice due to its semi-rural location.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was part of a federation which consisted of six practices who provided services to approximately 50,000 patients within NHS Lincolnshire West Clinical Commissioning Group (CCG).

The practice ensured the continuous professional development of their staff which included two members of the nursing team who had previously been employed within a secondary care setting. The practice had supported their development and training over the past 18 months within their role as practice nurse.

Nettleham Medical Practice was a training practice and delivered training to GP registrars. (A GP registrar is a fully qualified doctor who is training to become a GP). The practice delivered teaching sessions to medicals students on a rotational basis who were enrolled with the University of Nottingham. Nettleham Medical Practice was also a research accredited practice.

The practice was also a training practice for nurse students who were enrolled with the University of Lincoln. Members of the nursing team were trained to support student nurses during placement with the practice.

The practice took a systematic approach to working with other organisations. For example, at the time of our inspection the practice were working closely with the local CCG to undertake a full review of the local enhanced service for the treatment of patients who suffered with lower limb disease. The practice had provided their own service for the prevention and treatment of patients who

Are services well-led?

Outstanding



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

suffered with leg problems for approximately 12 years. Due to the positive impact this service had achieved for their patients, the practice wished to share best practice in order to enhance the standards for all other practices locally.