

Stag Medical Centre

Quality Report

The Stag Medical Centre
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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?	Requires improvement		
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 at Stag Medical Centre on 25 April 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events although they had not reviewed actions taken in response to significant events to ensure these were effective.
- Lessons were shared to make sure action was taken to improve safety in the practice although they had not recorded actions taken in response to medical alerts.
- 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. Staff had not received chaperone training where they carried out this role.
- Not all risks to patients were assessed. Areas relating to fire safety and infection prevention and control required improvement.
- 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. However, staff had not received infection control training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Although the practice had made changes to improve the appointment system patients said they did not

Summary of findings

find it easy to make an appointment with a named GP and they struggled to get through to the practice by telephone. Urgent appointments were 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The PPG was active in the practice and involved in the development of the practice and services for those in the local community. They had 14 members who met monthly and a virtual group with 60 members. They communicated with patients through a bi-monthly newsletter and a social media page. The PPG members also assisted the practice at the annual flu clinics and used this opportunity to fund raise for local charities and promote the practice PPG.

They had developed and arranged a weekly carers café where they could offer support for patients who were carers.

The PPG members were working with a representative of the local Rotary Club to raise the profile of Admiral Nurses to enable a better service for patients and families living with dementia in the practice and the Rotherham area. They were also visiting local businesses to encourage them to become dementia friendly organisations.

The practice PPG had won the Corkhill Award in 2014 as presented by the National Association of Patient Participation (NAPP). This is an annual award for the PPG considered to be the best in providing all the elements of a successful PPG.

The PPG had also initiated the Rotherham PPG Network in conjunction with the Rotherham CCG and supported and encouraged other PPGs to take on board best practice in the formation and running of a successful PPG. They had also worked with organisations such as NAPP and NHS England on projects to raise the quality standards for PPGs.

The areas where the provider must make improvement are:

- Review infection control procedures and implement The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Ensure all staff are trained in infection prevention and control (IPC) and regularly monitor the standards of IPC in the practice. Maintain a record of cleaning and ensure all areas of the practice are clean.
- Review procedures relating to the security of blank prescription forms and pads to ensure these are stored in line with NHS Protect, Security of prescription forms guidance, updated August 2013.
- Ensure the health and safety of patients and others entering the building is risk assessed and actions to mitigate any identified risk are implemented and monitored. Ensure fire risks are assessed. Ensure staff have knowledge of and have the opportunity to practice the procedures to be taken in the event of a fire at Rosecourt surgery. Implement the Department of Health guidance February 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Review procedures for checking the emergency equipment is in working order. Ensure a reliable system of emergency equipment checks and replacement in line with the Resuscitation Council (UK) guidance is implemented.

The areas where the provider should make improvement are:

- Review actions taken in response to significant events periodically to check these have been implemented appropriately and have been effective.
- Review procedures for recording actions have been taken in response to medical alerts.
- Put procedures in place to so staff who undertake chaperone duties are trained for this role and staff records reflect this.
- Review arrangements for monitoring the temperature of the vaccine fridge in relation to the provision of thermometers in line with the Public Health England (PHE): Protocol for ordering, storing and handling vaccines, March 2014.
- Consider implementation of written consent for patients prior to minor surgical procedures and contraceptive implants.

Summary of findings

- Review and improve access to the practice by telephone and to a named GP.
- Provide patients easy access to information about the complaints procedure in the practice.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events although they had not reviewed actions taken in response to significant events to ensure these were effective.
- Lessons were shared to make sure action was taken to improve safety in the practice although they had not recorded actions taken in response to medical alerts.
- 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 systems, processes and practices in place to keep patients safeguarded from abuse. Although not all staff had received chaperone training where they carried out this role.
- Not all risks to patients were assessed and well managed.
- Blank prescriptions were not stored in line with current guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff although these were not all up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Written consent was not obtained for surgical procedures and contraceptive implants.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with or slightly below others for some 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Although the practice had made changes to improve the appointment system patients said they did not find it easy to make an appointment with a named GP and had difficulty accessing the practice by telephone. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but was not displayed in the practice. Evidence showed 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.

Good



- 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 although there had been a number of changes in 2015 due to unforeseen circumstances. Staff felt supported by management.
- The practice had a number of policies and procedures which were in the process of improvement to govern activity and they held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.

Summary of findings

- Risk management required further improvement in areas relating to health and safety, fire safety and infection control.
- 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 and involved in improving services for the patients in the practice and in the wider community.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- The practice had two specialist nurses who had been trained to enable them to provide specialist services for patients with long term conditions. This included interpreting spirometry, initiation of insulin, and in-house near patient testing for those patients on warfarin and initiation of warfarin for patients with atrial fibrillation.
- Performance for diabetes related indicators was 95% which was 12% better than the CCG average and 4% above the national average.
- 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 multidisciplinary package of care.
- The practice hosted a diabetes education and self-management for ongoing and newly diagnosed (DESMOND) delivered by a diabetic specialist nurse. This is a patient centered education programme for patients with Type 2 diabetes diagnosed within the previous 12 months.
- The practice also hosted the health trainer programme which helped and supported patients to make healthy lifestyle changes. Equipment such as a blood pressure machine and weighing scales were provided in the waiting areas for patients use.

Summary of findings

Families, children and young people

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

Good



- 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 accident and emergency 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 78%, which was comparable to the CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



- 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 improve access.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was 98% which was 8% better than the CCG average and 6% better than the national averages.
- 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 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. Staff had completed dementia friends training.
- The practice hosted an in house service, improving access to psychological treatment service (IAPT), and this included two well-being practitioners and two counsellors.
- The PPG members told us they were working with a representative of the local Rotary Club to raise the profile of Admiral Nurses to enable a better service for patients and families living with dementia in the practice and Rotherham area. They were also visiting local businesses to encourage them to become dementia friendly organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 109 were returned. This represented 0.9% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% 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 seven comment cards which were all positive about the standard of care received. Patients told us the staff were helpful and treated them with dignity and respect. They said the GPs listened to them and said they had received the care and treatment they needed. They also said the surgery was clean and tidy.

We spoke with nine patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were helpful, committed and caring. They said the GPs listened to them and explained treatment options. Most of the patients told us they had difficulty getting through to the practice by telephone and there was long wait to see a named GP.

Stag Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Stag Medical Centre

The Stag Medical Centre is situated in Rotherham and opened in 1989. This is a purpose-built medical centre which includes minor surgery facilities. There is a branch surgery situated at Rosecourt Surgery, 121 Bawtry Road, Wickersley Rotherham S66 2BL. The practice moved into this development at the beginning of 1994. We visited both sites as part of this inspection.

There are car parks and full access for people with disabilities at both surgeries. Major bus routes serve both surgeries. Patients can access services at both surgeries.

The practice provides Personal Medical Services (PMS) for 11,461 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. They have a higher than average population in the 50 plus age group and are located in the 4th least deprived area nationally.

The practice provides some enhanced services which include dementia and learning disability services.

There are six GP partners, three female and three male. (Five of the partners are registered with CQC and one is currently in the process of registering). There are five practice nurses, including two specialist practitioner practice nurses and four health care assistants.

A practice manager, finance and administration manager, secretary, administration staff and teams of receptionists are also employed.

The practice is used for teaching medical students and for further education and familiarisation of general practice work for doctors.

The practice is open as between 8.00am and 6.30pm, Monday to Friday.

Consultations are held at the Stag from 8.30am to 12.30pm and 3.30 to 5.45pm, Monday to Friday and at Rose Court from 8.30am to 12.30pm and 3.30 to 5.30pm Monday to Thursday and 8.30am to 12.30pm on Fridays.

All the doctors have consultations at both surgeries on a rota system.

Access to the out of hours services are provided by NHS 111 service and telephone calls to the practice are redirected to this service as necessary. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

The practice is registered to provide:

- Diagnostic and Screening Procedures.
- Family Planning.
- Surgical Procedures.
- Maternity and Midwifery Services
- Treatment of Disease or Disorder

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

Detailed findings

planned to check whether the registered 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 25 April 2016.

During our visit we:

- Spoke with a range of staff, including three GPs, practice manager, six reception staff, practice nurse and health care assistant and spoke with patients who used the service.
- 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 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 living 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 a 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw actions had been taken to improve where necessary. We saw evidence that significant events were discussed in weekly partners meetings, which was also attended by the practice manager and the assistant practice manager. Staff told us lessons were shared with them via email and practice meetings and action was taken to improve safety in the practice. For example, new policies and procedures were introduced to improve record keeping following a significant event relating to medicines prescribed by another agency.
- There was no evidence that the actions taken were reviewed periodically to ensure these had been implemented appropriately and had been effective.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Medical alerts were shared with clinical staff by email and discussed at meetings. We saw an audit had been completed in response to one medical alert relating to medicines however, a record of actions taken in response to all medical alerts was not held.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although there were some areas which required improvement:

- 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 and posters were displayed in each room. 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff had received training on safeguarding children and vulnerable adults relevant to their role. One member of staff told us a recent training session, involving scenarios played out by a drama group, had improved their knowledge and clarified reporting responsibilities. GPs were trained to child protection or child safeguarding level three. An audit of patient records relating to looked after children and safeguarding had been completed. A new template for recording information about patients under 18 years of age had been developed and implemented to improve this area.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses or health care assistants acted as chaperones and 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). There was no evidence staff had received training in this area.
- We identified some areas for improvement in systems for infection prevention and control (IPC). We observed both sites to be generally clean and tidy. However, at Rosecourt Surgery the floor in the treatment room/ health care assistants room was worn and marked. We saw there was a cleaning schedule but there were no records of the cleaning completed. The practice nurse was the IPC clinical lead. They liaised with the local IPC teams to keep up to date with best practice. The practice had recently had a visit from the IPC nurse at Rotherham hospital for advice on IPC matters. There was an infection control protocol in place. However, we

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found there was no evidence staff had received IPC training and no evidence annual IPC audits to monitor standards had been undertaken. We were told privacy curtains were laundered every six months but there were no records to evidence this. At Rosecourt surgery we observed the sink in treatment room/health care assistant's room had a plug.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. During the inspection the staff could not locate the medicine cupboard key. The lock to the cupboard was changed immediately. An investigation was completed by the practice and we were informed the key had been found later in the day in the key cupboard where it had become detached from the key ring. Blank prescription forms and pads were not securely stored in line with NHS Protect, Security of prescription forms guidance, updated August 2013. We found whilst prescription pads were held in appropriate locked storage all staff had access to the keys. Printer prescription sheets were not stored securely and were accessible to all staff. A log of prescription pad use was not maintained to ensure these could be tracked through the practice. At Rosecourt surgery we observed the fridge used for storing vaccines only had one thermometer. This was calibrated annually. Public Health England (PHE): Protocol for ordering, storing and handling vaccines March 2014 states; all fridges should ideally have two thermometers, one of which is a maximum/minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate.
- We reviewed six personnel files. We saw improvements had been made to the recruitment process since CQC registration and appropriate checks had been obtained

for staff. The process included checks on qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were shortfalls in procedures 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. The practice had not completed health and safety risk assessments for the premises. The practice manager told us there was an up to date fire risk assessment which had been completed by the fire officer but there was no evidence to support this. Following the inspection the practice manager sent us the action plan from the fire officer following their visit in May 2015. This stated the practice should review its fire risk assessment. The practice carried out regular fire drills at the main site but there was no record of fire drills at Rosecourt surgery. Fire equipment checks had been completed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We saw that blinds in the practice did not meet Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement. The practice manager was informed of this risk on the day of the inspection; they were aware of this risk and had ordered some new blinds. However, action to make the blind cords safe had not been taken in the interim.
- Risk assessments for legionella had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. Whilst there was a low staff turnover the practice had key staff changes due to unforeseen circumstances in 2015. These events resulted in a significant impact on the staff group and staff had worked additional hours over the past few

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months to provide cover. A new manager was in place and they told us the practice now had a full complement of staff. The practice manager told us their experiences over the past few months had highlighted the need for staff to be multi-skilled and they were providing training for staff to ensure this.

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.
- Training records showed all but four of the 44 staff employed had received annual basic life support training in October 2015.
- There were emergency medicines available in the treatment room at both sites.
- The practice had a defibrillator available on each site and oxygen with adult and children's masks. The

defibrillator at Rosecourt was checked regularly. For example, formal checks were completed monthly and one member of staff had initiated additional weekly checks but these were only completed when they were on duty and so had not been completed every week. This does not meet The Resuscitation Council (UK) guidance which states a reliable system of equipment checks and replacement must be in place to ensure that equipment and drugs are always available for use in a cardiorespiratory arrest. This process should be designated to named individuals, with reliable arrangements for cover in case of absence. The frequency of checks will depend upon local circumstances but should be at least weekly.

- A first aid kit and accident book were available.
- 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.

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 Rotherham CCG and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. The guidelines and any changes to these were discussed at team meetings.
- The practice used CCG templates to record care and treatment. The practice had developed a template to record the assessment of patients under 18 years of age to improve record keeping.

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 for 2014/15 showed the practice had achieved 99% of the total number of points available and had achieved 100% in a number of areas. We found the practice had higher than CCG and national averages for exception reporting in some areas such as chronic obstructive pulmonary disease (COPD), atrial fibrillation, heart failure and mental health. (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). We discussed this with the GPs. They told us one of the reasons for the high exception reporting was due to the practice's high population of older people. They said some of these patients were frail and unsuitable for some treatments. They told us they discussed patients for exception with GP colleagues before a decision was made. They said exception rate recording should improve as they had employed an IT manager to

improve use of coding and monitoring data. Also following a review of cases, had recently removed some patients from the mental health register due to a change in their condition.

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 95% which was 12% better than the CCG average and 4% above the national average.
- Performance for mental health related indicators was 98% which was 8% better than the CCG average and 6% better than the national averages.

There was evidence of quality improvement including clinical audit.

- We saw evidence seven clinical audits had been completed in the last two years, two of which were two cycle audits, which showed the practice was performing well but they had found some minor areas for improvement which were implemented. For example, recent action taken as a result of audits included development of a template to improve recording for patients under 18 years and training for clinical staff regarding urgent referrals.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, they had improved coding on patient records to improve care and treatment and review processes.

Information about patients' outcomes was used to make improvements such as:

- We saw the practice had low hospital admission rates compared to local averages. The practice had good systems in place for reviewing patients who were over 75 years of age and for reviewing information about patient hospital admissions. Unplanned admissions were reviewed daily by a duty Doctor and admissions were discussed at weekly clinical meetings. The practice also reviewed patient care plans at the monthly multi-disciplinary meetings.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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, members of staff reviewing patients with long-term conditions had attended training in diabetes, heart failure and palliative care. A training plan was in place for these members of staff and training in relevant courses was scheduled for 2016.
- 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. Although not all the staff had received an appraisal within the last 12 months due to staff changes there was a plan in place to achieve this.
- 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, in-house training and external CCG events. Staff had not received infection control 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. They had completed audits of some referral processes, such as urgent referrals, to ensure they were providing correct information.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training in this area had last been provided in 2014. 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.
- Written consent was not obtained from patients prior to minor surgical procedures and contraceptive implants.

Supporting patients to live healthier lives

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

- Patients receiving palliative care, carers, those at risk of developing a longterm condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- An in house service, improving access to psychological treatment service (IAPT), was provided and included two well-being practitioners and two counsellors. This provided quicker and easier access to services for patients who would otherwise wait to be referred to secondary care services.
- The practice hosted a diabetes education and self-management for ongoing and newly diagnosed

Are services effective?

(for example, treatment is effective)

(DESMOND) sessions delivered by a diabetic specialist nurse. This is a patient centered education programme for patients with Type 2 diabetes diagnosed within the previous 12 months.

- The practice also hosted the health trainer programme which helped and supported patients to make healthy lifestyle changes. Equipment such as a blood pressure machine and weighing scales were provided in the waiting areas for patients use.
- The practice had two specialist nurses who had been trained to enable them to provide specialist services for patients with long term conditions. This included interpreting spirometry, initiation of insulin, and in-house near patient testing for those patients on warfarin and initiation of warfarin for patients with atrial fibrillation.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and had higher than average rates of attendance. There were 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 95% to 98% and five year olds from 96% to 98%.

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.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and to the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average and to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

Patients we spoke with on the day of the inspection were positive about the practice. They told us the GPs and the practice nurses were very supportive and listened to them.

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. Patients at risk of unplanned admissions and those with palliative care needs were given a copy of their care plan to keep at home and share with other health professionals as required.

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 comparable to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% to the national average of 85%.

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

- Staff told us interpretation services were available for patients who did not have English as a first language.

Are services caring?

- The practice had a well-developed web site with links to health information and a translate page function.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (1.2% of the practice list). Written information was available in the practice and on the website to direct carers to the various avenues of support available to them. The practice worked closely with the local carers resilience service who provided advice and support for carers.

The patient participation group was in the process of setting up a carers café at the practice to offer support and advice. The inaugural event was due on 20 May 2016. They

were also working to raise the profile of Admiral Nurses to enable a better service for patients and families living with dementia. They had completed an audit of national provision and presented their case for provision to the Local Authority Health and Wellbeing board and the CCG. They were aiming to have an Admiral Nurse working in the practice to provide a supporting service for patients and carers and promote the provision of an Admiral Nurse service for Rotherham.

The practice was a dementia friendly organisation and staff had attended dementia friends training. The PPG was also promoting this to local businesses to encourage them to become dementia friendly.

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

- 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 required 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 translation services available.
- The practice had a lift at Rosecourt surgery where there were consultation rooms on the first floor.
- Online appointment system and prescription service available.

Access to the service

The reception at the practice was open between 8.00am and 6.30pm, Monday to Friday.

Consultations were held at the Stag surgery from 8.30am to 12.30pm and 3.30pm to 5.45pm, Monday to Friday and at Rose Court surgery from 8.30am to 12.30pm and 3.30pm to 5.30pm Monday to Thursday and 8.30am to 12.30pm on Fridays.

All the doctors had consultations at both surgeries on a rota system and patients could access either surgery.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were also available.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but struggled to get through on the phone. They also told us it was difficult to book an appointment with a GP of their choice.

Patients with children told us they always got an appointment for their child.

The practice was aware of the results of the survey and told us they had constantly reviewed and changed the appointment system in consultation with the PPG in response to patient feedback from surveys and complaints. The PPG told us they had been consulted and thought the system had improved recently. Staff said there were five people answering the telephone across the two sites and said they were busy but it was manageable. They were able to show us urgent same day appointments were available although the wait for a pre-bookable appointment with a GP of choice was two weeks. We observed interactions of reception staff when booking appointments and they were helpful and tried to meet patients' needs. Staff felt the new appointment system and access arrangements had not filtered down to the patients yet and patients were still trying to ring at 8am when this was no longer necessary to book an urgent appointment.

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.
- 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. There was a complaints leaflet and information about complaints was available on the practice website. However, there was no complaints procedure displayed in the practice and the reception staff did not have a copy of the complaints leaflet.

Are services responsive to people's needs? (for example, to feedback?)

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency with dealing with the complaint. Lessons were learnt from

individual concerns and complaints and action was taken as a result to improve the quality of care. For example, where a lack of knowledge was identified staff training had been provided.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and supporting business plans which reflected the vision and values.

The practice had been through a difficult year in 2015 with unforeseen circumstances impacting on the management team. The staff told us the practice had worked hard to try to maintain the service during this period and staff had provided cover to minimise disruption. Additional staff had been employed and the lead practice nurse had taken over the management responsibilities in October 2015. We received positive comments about the management of the practice from patients, the PPG and staff we spoke with. They said they had seen positive improvements with the service.

Governance arrangements

The practice was going through a period of change. The new practice manager was in the process of reviewing all areas of the practice. They were aware of the improvements required and had worked closely with staff and the patient participation group (PPG) to achieve this.

The practice had a governance framework which supported the delivery of the strategy and good quality care although some improvements were required. We found:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were undergoing training to ensure a multi-skilled workforce to mitigate any future risks relating to staff changes.
- Practice specific policies had been implemented and were available to all staff. The majority of these had been reviewed and updated by the new practice manager.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions relating to health and safety, fire safety and infection prevention and control required improvement.

Leadership and culture

On the day of inspection the partners in the practice 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.
- 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG was active in the practice and involved in the development of the service. They had 14 members who

Are services well-led?

Good 

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

met monthly and 60 virtual members. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had been involved in discussions to improve the appointment system. They were in the process of implementing a carers café where they could offer support for patients who were carers and the inaugural meeting was to be held on the 20 May 2016.

They communicated with patients through a bi-monthly newsletter and a social media page. The PPG members also assisted the practice at the annual flu clinics and used this opportunity to fund raise for local charities and promote the practice PPG.

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was because</p> <ul style="list-style-type: none">• The practice had not completed health and safety risk assessments for the premises including a fire risk assessment.• There was no record of fire drills at Rosecourt surgery.• Blinds in the practice did not meet Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement.• Checks of the defibrillator did not meet The Resuscitation Council (UK) guidance.• Blank prescription forms and pads were not securely stored in line with NHS Protect Security of prescription forms guidance, updated August 2013. <p>The registered person did not do all that was reasonably practicable to prevent and control the risk of the spread of infection.</p> <p>This was because:</p> <ul style="list-style-type: none">• There were no records of the cleaning completed and there were no records to evidence how frequently privacy curtains were laundered.• There was no evidence staff had received infection prevention and control (IPC) training.• There was no evidence annual IPC audits to monitor standards had been undertaken.• At Rosecourt surgery sinks in consultation rooms had plugs.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1)(2)(a)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.