

Dr Polkinghorn and Partners

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Polkinghorn and Partners on 18 November 2015. Overall the practice is rated as good.

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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Information about services and how to complain was available and easy to understand. However, information on escalating a complaint was not routinely provided to complainants.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- An analysis of all significant events received over an extended period was not undertaken to enable patterns and trends to be identified.
- There were no records to evidence the fire alarm had been tested regularly to ensure this was in working order.
- Information about the Ombudsman was not routinely provided to complainants.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were some areas for improvement in relation to relating to significant events and fire alarm tests.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than 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.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice shared its developments with other practices in the area such as templates for paediatric asthma care, and long term conditions, mental health and dementia assessment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However,
- patients were not provided with information relating to the escalation of complaints. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 to manage notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 years had an annual review which could be combined with a long term condition review. All patients' who had a review received a copy of their agreed care plan.

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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 87.2% which was similar to the CCG 82.7% and national average 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were reviewed three monthly and received a copy of their care plan.

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.

Summary of findings

- 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 2014/15 cervical screening programme was 81%, which was comparable to the CCG average of 82.5% and the national average of 83.3%
- 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).

- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A GP, and a healthcare assistant (HCA), had lead roles to manage and coordinate the reviews and care for people with Learning Disabilities.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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 with dementia).

- Performance for mental health related indicators was 73.1% which was significantly worse than the CCG, 90.7%, and national average of 92.8%. The practice was aware of these figures and had put measures in place to improve the care for this group of patients. For example, a GP and a nurse had taken a lead role for ensuring patients with mental health problems were assessed annually. An update on assessment of mental health had been provided in a clinical meeting and care plans had been reviewed for these patients. A standardised template had been developed which incorporated physical health checks and mental health review and additional time was allocated for these reviews which were at least an hour long. The uptake of cervical smear tests for women in this group was above the national average at 86%. The practice had also facilitated 'Stress Busting' workshops at the practice.
- The practice had 106 patients diagnosed with dementia, a prevalence rate of 0.9%, which was comparable to the CCG and national average. The practice provided evidence that they continually screened and reviewed these patients and data from the practice showed a 20% increase in the diagnosis rate in 2014/15 when compared to figures from 2013/14.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed there were 274 survey forms distributed for Dr Polkinghorn and Partners and 120 forms were returned. This is a response rate of 43.8% and represented 1.13 % of the practice population. The results showed the practice was performing higher than local and national averages in some areas. Results included:

- 91.7% found it easy to get through to this surgery by phone compared to a CCG average of 73.2% and a national average of 73.3%.
- 93.9% found the receptionists at this surgery helpful (CCG average 86.6%, national average 86.8%).
- 84.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 91.7% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).

- 77.3% described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 75.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69.4%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were mostly positive about the standard of care received. The majority were satisfied with the appointment system although three people commented that they had difficulties getting appointments at times. All but one person described the staff as helpful and said the care and treatment they received met their needs.

We spoke with eight patients during the inspection. All the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. All said they could access routine and urgent appointments easily.

Dr Polkinghorn and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Polkinghorn and Partners

Dr Polkinghorn and partners practice (also known as The Market Surgery) is situated within a purpose built surgery in Wath Upon Dearne, Rotherham. The surgery was originally built in 1989 and has been extended and upgraded over the years, with last extension being added in 2011. The building has a car park and disabled access.

The practice provides General Medical Services (GMS) for 10,600 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are five GP partners, three male and two female and five Salaried GPs, three female and two male and one registrar.

The practice opening hours and surgeries are 8am to 6.30pm Monday to Friday. The practice provides extended hours from 7.30am to 8am on a Tuesday. Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by Care UK. The Out of Hours service is provided from the Rotherham Walk in Centre.

The practice provides training in general practice for doctors and nurses.

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

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015. During our visit we:

- Spoke with a range of staff including three GPs and a Registrar, three nurses, two healthcare assistants, practice manager and reception staff.
- Spoke with eight patients who used the service including six members of the patient participation group (PPG).

Detailed findings

- Observed interactions between staff and patients and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events and learning points were discussed at weekly clinical and practice meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw where there had been an incident relating to medicines the patient had been advised, the company who supplied the medicine had been contacted, the incident had been discussed at the staff meetings, procedures had been reviewed and additional training had been provided for staff where required. We also saw that where there had been incidents relating to a service provided by external agencies the relevant agencies had been informed. A log of actions taken in response to incidents was maintained although the dates when actions had been completed were not recorded. An analysis of all significant events received over an extended period of time was not undertaken to enable patterns and trends to be identified.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation, and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare although these required updating with the new guidance for Rotherham Clinical Commissioning Group (CCG). There were separate lead members of staff for safeguarding children and adults. The practice maintained a list of patients on the child protection register and a list of children of concern. Alerts were used on patient records to identify these children. A named GP was allocated to each case and records of actions taken by the GP and social services were maintained. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Records of the dates when reports were due from other agencies was maintained and monitored to ensure that GPs had access to the most up to date information. Staff demonstrated they understood their responsibilities and all had received training relevant to their role including training in child sexual exploitation. GPs were trained to safeguarding level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Detailed annual infection control audits were undertaken and we saw evidence that action was taken to address any shortfalls identified as a result. There was no record to show the task of running the shower was completed to minimise the risk of legionella. The practice manager provided an updated template relating to the schedule of cleaning after the inspection which would ensure this action would be recorded in future.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of

Are services safe?

the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.

- We reviewed two personnel files and found that 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 (DBS). We saw a detailed procedure and risk assessment to identify which staff roles required a DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out monthly checks of emergency lighting systems and fire equipment. The last fire drill was undertaken in June 2015. There were no records the fire alarm system had been checked regularly other than for the annual service. Following the inspection the practice manager confirmed to us that a fire alarm test had been completed and a recording system had been put in place for the weekly checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a clear and well developed rota system in place for all the different staffing groups to ensure that enough staff were on duty. Rotas were in place at least a month in advance and these highlighted areas of possible risk which were closely monitored to ensure adequate cover at all times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 used this information to deliver care and treatment that met peoples' needs. GPs told us NICE guidelines were not routinely checked for updates. However, nursing staff were able to give evidence of recent guidelines and how these had been incorporated into protocols and practice in areas relating to asthma, blood pressure monitoring and contraceptive devices. The practice told us they had worked closely with the paediatric asthma nurse and the clinical commissioning group (CCG) to develop a template to assist in compliance with NICE guidance for the management of paediatric asthma. They told us this had been shared with other practices.
- The practice monitored that 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 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 recently published results for 2014/15 showed the practice had achieved 95.4% of the total number of points available, with 9.5% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was 87.2% which was similar to the CCG 82.7% and national average 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% similar to the CCG and national average of 83.6%.
- Performance for mental health related indicators was 73.1% which was significantly worse than the CCG, 90.7%, and national average of 92.8%. The practice was

aware of these figures and had put measures in place to improve the care for this group of patients. For example, a GP and a nurse had taken a lead role for ensuring patients with mental health problems were assessed annually. An update on assessment of mental health had been provided in a clinical meeting and care plans had been reviewed for these patients. A standardised template had been developed which incorporated physical health checks and a mental health review. The practice told us this template had been shared with other practices. Additional time was allocated for the reviews which were up to an hour long. The uptake of cervical smear tests for women in this group was above the national average at 86%. The practice had also facilitated 'Stress Busting' workshops at the practice.

- The practice had 106 patients diagnosed with dementia, a prevalence rate of 0.9%, which was comparable to the CCG and national average. The practice provided evidence that they continually screened and reviewed patients and data provided by the practice showed a 20% increase in the diagnosis rate in 2014/15 when compared to figures from 2013/14.

The practice had a GP, nurse and member of the administration team with lead roles for long term conditions management. These staff had specific time to dedicate to this area. Nurse-led clinics were held to review patients with long term conditions. Patients with multiple conditions were seen at one appointment to minimise the number of visits to the practice for the patient. Patient attendance for review was monitored closely by the administration team and reminders were provided to ensure attendance. Care plans were developed for the patients in the top five percent of those at most risk of unplanned hospital admission and were provided to patients. These care plans were reviewed every three months or following a patients' admission to hospital. Care plans included exacerbation plans for chronic obstructive pulmonary disease (COPD) flare-up, asthma management and diabetes plans. Patients were prescribed medicines to assist them to manage an exacerbation of their condition. Monthly multi-disciplinary meetings were held to monitor and review these patient's needs. Meetings included a social worker, voluntary agency representative for the Rotherham social prescribing scheme, district nurse and community matron. All patients in care homes were part of the long term condition service.

Are services effective?

(for example, treatment is effective)

All patients over the age of 75 years had an annual review which could be combined with a long term condition review. All patients who had a review and were over the age of 75 years received a copy of their agreed care plan.

The practice also had a GP, and a healthcare assistant (HCA), with lead roles to manage and coordinate the reviews and care for people with learning disabilities. The learning disability review was at least an hour long. Patients were initially seen by the HCA for blood tests (if needed), and recording of physical health checks, this was followed by a review and examination by the GP as part of a single continuous appointment.

Clinical audits demonstrated quality improvement.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice had an audit schedule which indicated the frequency audits were completed and the person responsible for completing these.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included improved prescribing of laxatives for drug induced constipation.

Effective staffing

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

- The practice had a long standing staff group and staff turnover was low.
- The practice had an induction programme for newly appointed non-clinical members of staff that 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, training and updates had been provided for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had received an appraisal within the last 12 months.

- Staff received regular training which included: safeguarding, fire procedures, basic life support and information governance awareness.
- The practice had clear staff rotas which were completed at least one month in advance. These highlighted where additional cover may be required and staff worked flexibly to provide cover.
- The practice was a GP training practice for doctors and also offered training for student nurses. We saw evidence of a well-developed timetable for GP training and Registrars told us they felt well supported. Nursing students were supported by the practice nurses and all but one practice nurse had completed mentorship training. The practice had retained some of the doctors and nurses following completion of their 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 its intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice did not hold specific palliative care meetings but clinical meetings were held daily which the

Are services effective?

(for example, treatment is effective)

district nurse attended and these patients' needs were discussed in this forum. A palliative care register was held and information relating to these patients needs was made available to out of hour's services.

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. 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 records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice provided on site clinics for external providers to deliver services which included; retinal screening, smoking cessation services, Rotherham shape-up and specialist dietician and a weekly diabetes nurse specialist service.
- They also provided on-site facilities for patient education. This included a structured education

programme for diabetics known as DESMOND, (DESMOND is an NHS organisation that helps to deliver high quality patient education form people with type 2 diabetes, or those who are at risk of diabetes). An 'Expert Patient' programme was also available. This was a self-management programme for people living with a long-term condition. A patient who had accessed this course told us this had a positive impact on their ability to manage their condition. A health trainer was also available in the practice twice weekly, to support and aid people with lifestyle advice and choices.

- Sexual health services were available for young people registered and those not registered at the practice, this service included contraceptive advice, implants and condoms.

The practice's uptake for the 2014/15 cervical screening programme was 81%, which was comparable to the CCG average of 82.5% and the national average of 83.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG averages in 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.3% to 100% and five year olds from 96.9% to 99.4%. Flu vaccination rates for 2013/14 for the over 65s were 85.2%, and at risk groups 70.53%. These were also above the CCG average. Statistical analysis provided by the practice showed the practice was a high performer across the vaccination and immunisation programme and had continued to improve over the last three years.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 12 patient CQC comment cards we received were positive about the service experienced. The majority of patients said they felt the practice offered a good 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 also spoke with six members of the patient participation group. They 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. For example:

- 87.1% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 85.9% said the GP gave them enough time (CCG average 88.2%, national average 86.6%).
- 94.4% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 86.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).

- 93.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 93.9% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86.0%.
- 82.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.6%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients, in their own language, this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and information on the practice website told patients how to access a number of support groups and organisations.

Alerts were used on records to identify patients who may require extra time and support to access services.

Written information was available in the practice and on the web site to direct carers to the various avenues of support available to them. Rotherham CCG had launched the carers resilience service in April 2015, working in

Are services caring?

partnership with GP's to provide each practice with a named link worker for carers of people living with dementia. This service provided a weekly drop in session at the practice for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and visited them.

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 manager was the lead practice manager for Rotherham CCG Provider Forum. One of the GPs was GP commissioning lead for Wath/Swinton and another was the Medical Director for NHS England. The practice told us it shared its developments with other practices in the area such as templates for paediatric asthma care and long term conditions, mental health and dementia assessments.

- There were longer appointments available for people with a learning disability and for those who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift for access to the patient areas on the first floor.
- Appointments and prescription requests could be managed online by patients.

Access to the service

The practice was open for calls and appointments between 8am and 6.30pm Monday to Friday. Early morning appointments were available from 7.30 am on a Tuesday. In addition pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Weekend flu vaccination clinics were also held periodically.

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

- 71.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.

- 91.7% patients said they could get through easily to the surgery by phone (CCG average 73.2%, national average 73.3%).
- 77.3% patients described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 75.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69.4%, national average 64.8%).

People told us on the day that they were able to get appointments when they needed them. We received 12 comment cards and the majority were satisfied with the appointment system although three people commented that they had difficulties getting appointments at times.

We spoke with eight patients during the inspection. All said they could access routine and urgent appointments easily.

The practice had worked together with the patient participation group (PPG) to look at the access to the practice and any improvements that could be made. They had recognised patients' experience and satisfaction relating to access to the practice may be affected by increasing patient numbers due to a significant local house building programme. They had addressed this by introducing a GP and nurse triage system, telephone consultations and recruiting additional clinical staff. They had created new care pathways and provided staff training to ensure that patients' were directed to the most appropriate person in the practice. The PPG members told us they felt this approach had improved access and reduced waiting times.

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 in the practice to help patients understand the complaints system. The procedure was displayed and a leaflet was available. Information about the complaints procedure was not available on the practice website.

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. However, information directing patients to the Parliamentary and Health Services Ombudsman, if patients were not happy with the practice response, was not routinely provided following a complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following complaints about access and waiting times the appointment system had been reviewed.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice understood the challenges in respect of increased patient numbers and future planned changes to the partnership and had taken action or had plans in place to meet these.
- The practice had identified where improvements were required to patient care, particularly in relation to mental health, and had implemented measures to enable these patients' needs to be met.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and reviewed regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The partners were 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 to manage notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every year and various events to promote team interaction and support various charities were also held.
- 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 practice also had an annual award scheme for staff to promote and reward staff high performance.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys

Are services well-led?

Good 

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

and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the members attended local community events and events in the practice such as the flu vaccination clinics to promote the PPG and gather feedback from patients. Members had also visited local care homes to gather feedback. The PPG had been involved in discussions about access to the practice and the ongoing challenges.

- The practice had also gathered feedback from staff through the staff annual meeting, away days and 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 strong 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 had a good understanding of the patient group and the challenges which may impact on the quality of the services provided. It continually monitored and reviewed the service provision through the use of statistical data, audits and internal and external feedback. It had made adjustments to improve services and shared good practice widely. For example, they had shared templates for assessment of patient's mental health, paediatric asthma and long term conditions with other practices.

The practice acted as a host as part of the 'Hippocrates' exchange programme to encourage exchange with European partners and to promote links between GP trainees and GPs within 5 years of training. Learning and areas for improvement was shared through this forum.