Carcroft Doctors Group

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carcroft Doctors Group on 8 March 2016. 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.
- Patients said they found the telephone access to the practice difficult first thing in the morning as the lines were often engaged. Once calls were answered 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.

We saw two areas of outstanding practice:

- We received several comments from patients experiencing poor mental health who complimented the service and support offered to them at the practice. They described how, in times of crisis, the staff were supportive and responsive to their needs. For example, by offering appointments with a GP before the practice opened when there were less people around.
- The lead GP at the practice held a community gynaecology clinic serving the female population of

Summary of findings

north west Doncaster locality. This negated the need for patients registered at the practice and other practices in Doncaster to travel to the hospital for some gynaecological procedures. A practice nurse was a trained colposcopy nurse. Patient's feedback on the CQC comment cards said this was 'a fabulous service close to home'.

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?

Good

The practice is rated as good for providing safe services.

- 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 were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was working with the other GPs in their locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.
- Patients said they found the telephone access to the practice difficult first thing in the morning as the lines were often engaged. Once calls were answered 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We received several comments from patients experiencing poor mental health who complimented the service and support offered to them at the practice. They described how,in times of crisis, the staff were supportive and responsive to their needs. For example, by offering appointments with a GP before the practice opened when there were less people around
- The lead GP at the practice held a community gynaecology clinic serving the female population of north west Doncaster locality. This negated the need for patients registered at the practice and other practices in Doncaster to travel to the hospital for some gynaecological procedures. A practice nurse was a trained colposcopy nurse. Patient's feedback on the CQC comment cards said this was 'a fabulous service close to home'.

Are services well-led?

Good 

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

- The practice had a clear focus to deliver high quality care and promote good outcomes for patients. Staff were clear about 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- All patients had a named GP.
- 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.
- Each GP took the lead for one of the five nursing or residential homes allocated to the practice. They each held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record.

People with long term conditions

Good

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Patients who had multiple long term conditions received a complete and thorough review in one longer appointment. This negated the need for multiple appointments.
- Performance for diabetes related indicators was 94% which was 1.8% below the CCG average and 5% 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

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 74% of patients diagnosed with asthma, on the register, who had an asthma review in the the last 12 months.
- 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 80%, which was just below the CCG average and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, school nurses and school teachers.
- The lead GP at the practice held a community gynaecology clinic serving the female population of north west Doncaster locality. This negated the need for patients registered at the practice and other practices in Doncaster to travel to the hospital for some gynaecological procedures. A practice nurse was a trained colposcopy nurse. Patient's feedback on the CQC comment cards said this was 'a fabulous service close to home'.

Working age people (including those recently retired and students)

Good

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.

People whose circumstances may make them vulnerable

Good

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.

Summary of findings

- The practice offered longer appointments for those who needed them.
- The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable.
- The practice informed patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 92% of patients diagnosed as living with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- 96% of patients experiencing poor mental health had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living 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 had been trained as dementia friends.
- We received several comments from patients' experiencing poor mental health who complimented the service and support offered to them by the practice. They described in times of crisis the staff were supportive and responsive to their needs. For example by offering appointments with a GP before the practice opened when there were less people around. These patients were offered weekly prescriptions to help them manage their medicines.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing just below local and national averages for access and overall experience. 362 survey forms were distributed and 135 were returned. This represented 1.2% of the practice's patient list.

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all very positive about the standard of care received.

We spoke with seven patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. They described staff as 'helpful' and 'understanding' and 'receive great care'. Five less positive comments were received which related to telephone access to the practice first thing in the morning.

Carcroft Doctors Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Carcroft Doctors Group

Carcroft Doctors Group is located in Carcroft on the outskirts of Doncaster. The practice provides services for 10,695 patients under the terms of the NHS General Medical Services contract. The practice catchment area for both practices is classed as within the group of the third more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has four GP partners, two female and two male, and a male salaried GP. They are supported by an advanced nurse practitioner, four practice nurses, two healthcare assistants, a a practice manager, an assistant practice manager, an office manager and a team of administration staff.

The practice is open between 8am and 6pm Monday to Friday. Early morning appointments with the GP and practice nurse are available on Tuesday and Wednesday mornings from 7am and until 7pm on Tuesday evenings. A walk in phlebotomy clinic is held every weekday morning with the healthcare assistant. Appointments with staff were available at various times throughout the day. Patients requesting same day appointments are triaged over the telephone by a GP or advanced nurse practitioner and offered a face to face appointment with GP or practice nurse if required.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 March 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurses, practice manager, assistant practice manager, office manager and members of the administration team) and spoke with patients who used the service.

Detailed findings

- 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 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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 were told how the vaccination procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We were told this was discussed at the practice meeting and shared with staff who attended. Staff who did not attend the meetings would be briefed accordingly following the meeting. Minutes of the meeting were kept on the practice intranet system which all staff could access. Any changes to practice policy or procedure were also communicated to staff through written briefings attached to wage slips. Staff told us this was useful as it kept them informed.

When there were unintended or unexpected safety incidents, patients 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 patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 prevention and control (IPC) clinical lead who liaised with the local IPC 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. An IPC risk assessment was completed in February 2016 and we saw evidence that action was taken to address any improvements identified as a result which was documented in an action plan. The practice were waiting for a copy of the full IPC risk assessment from the external assessor. The assistant manager told us they would contact the assessor to obtain a copy following the inspection.
- 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 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. Practice staff reviewed the procedure for patients with deteriorating mental health conditions collecting prescriptions to ensure they were collected regularly and safely.
- We reviewed three recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, registration with the

appropriate professional body and the appropriate checks through the DBS. We noted evidence of qualifications was not kept in the three files we reviewed.
- There were comprehensive 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent combined published results for Carcroft Doctors Group were 94.7% of the total number of points available, with 11.1% exception reporting. (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). Data from 2014/15 showed;

- Performance for diabetes related indicators was 94% which was 1.8% below the CCG average and 5% above the national average.
- All patients with hypertension were having regular blood pressure tests. This was 1% higher than the CCG average and 2% higher than the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- The practice adjusted dementia diagnosis rate score was 73 which was above the CCG average of 62.

Clinical audits demonstrated quality improvement.

There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Clinical audits and results were discussed with other practices in the Doncaster north west locality group. They also participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing all diabetic patients to ensure they were taking appropriate medicines.

Information about patients' outcomes was used to make improvements such as inviting those patients in to the practice for a review who were taking multiple opioid medicines. During the appointment medications were reviewed and further plans for safe prescribing were discussed with the patient.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Good

Are services effective?

(for example, treatment is effective)

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. 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 patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.
- Staff had completed the dementia friend training.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, 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.
- A well being practitioner held a weekly clinic at the practice and smoking cessation advice was available from a local support group.
- The practice participated in the social prescribing project in Doncaster. The GPs and practice nurses had the option to prescribe non-medical support to patients. This included for loneliness and social isolation, housing or advice on debt.
- Staff promoted the 'Mensheds' project to male patients to promote good health through recreation and socialisation. They also promoted the local walking football group and a local fortnightly luncheon club held to promote community inclusion.

The practice's uptake for the cervical screening programme was 80%, which was just below the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and easy read formats.They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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 94% to 98% and five year olds from 94% to 99%.

Flu vaccination rates for the over 65s were 70%, and at risk groups 43%. These were slightly lower than the CCG average of 73% and national average of 53%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

Results from the national GP patient survey showed patients had mixed responses for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 76% said they found the receptionists at the practice helpful (CCG and national average 87%)

However, all of the 44 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. four less positive comments related to access to appointments by telephone first thing in the morning.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded comparably 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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families experienced bereavement, their usual GP or practice nurse may contact 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.

Outstanding ☆

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. For example, the practice was working with the other GPs in their locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.

- The practice offered early morning appointments with the GP and practice nurse on Tuesday and Wednesday mornings from 7am and until 7pm on Tuesday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who would benefit from these by the GP and practice nurse.
- Patient's requesting same day appointments were triaged over the telephone by a GP or advanced nurse practitioner and offered a face to face appointment with GP or practice nurse if required.
- Patients who had multiple long term condition received a complete and thorough review in one longer appointment. This negated the need for multiple appointments.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and interpretation services available.
- The lead GP at the practice held a community gynaecology clinic serving the female population of north west Doncaster locality. This negated the need for patient's registered at the practice and other practices in Doncaster to travel to the hospital for some gynaecological procedures. A practice nurse was a trained colposcopy nurse. Patient's feedback on the CQC comment cards said this was 'a fabulous service close to home'.
- The practice was a registered hearing aid battery collection centre where patients could come to replace their batteries for hearing aids.
- We received several comments from patients' experiencing poor mental health who complimented the service and support offered to them by the practice. They described in times of crisis the staff were supportive and responsive to their needs. For example by offering appointments with GP before the practice opened when there were less people around. These patients were offered weekly prescriptions to help them manage their medicines.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Early morning appointments with the GP and practice nurse were available on Tuesday and Wednesday mornings from 7am and until 7pm on Tuesday evenings. A walk in phlebotomy clinic was held every weekday morning with the healthcare assistant. Appointments with staff were available at various times throughout the day. Patients requesting same day appointments were triaged over the telephone by a GP or advanced nurse practitioner and offered a face to face appointment with GP or practice nurse if required.

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.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 42% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 56 %, national average 59%).

People told us on the day of the inspection that they were were able to get appointments when they needed them but the telephone lines were always busy first thing in the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

morning. Two patients we spoke with told us they telephoned after 8.30am and their call was answered straight away. We were told they had recently updated the telephone system and were reviewing the changes made.

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

We looked at several complaints received in the last 12 months and found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff reviewing the care provided to patient's to ensure it was in line with best practice guidelines following feedback from patients.

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 statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values staff had taken time out to contribute to and staff told us this happened informally at the practice meetings where all staff contributed.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- 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 and culture

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 they were approachable and always took the time to listen to all members of staff. A GP partner was the CCG locality lead and also the CCG mental health network lead. We were told how a the prescription procedure for certain medicines was reviewed following feedback from staff. The change in procedure promoted a more personalised service for patients taking those medicines and also promoted safety.

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 knowing about 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.

- GPs and practice nurses took the lead for specialist areas and staff were aware who the leads were. 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had supported the practice in setting up patient education talks. The first one about diabetes was due to take place in April 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

Are services well-led?

Good

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

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 lead GP at the practice held a community gynaecology clinic serving the female population of north west Doncaster locality. This negated the need for patients registered at the practice and other practices in Doncaster to travel to the hospital for some gynaecological procedures. A practice nurse was a trained colposcopy nurse and the only one in the local area.