

Northfield Surgery

Quality Report

Vermuyden Centre

Fieldside

Doncaster

Thorne

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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 responsive to people's needs?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 5 January 2016. A breach of a legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 16 Receiving and acting on complaints.

We undertook this focused inspection on 31 August 2016 to check that they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northfield Surgery on our website at www.cqc.org.uk.

Overall the practice is rated as Good.

Specifically, following the focused inspection we found the practice to be good for providing responsive services and for those people experiencing poor mental health (including people living with dementia).

- The practice had reviewed the care provided to patients with poor mental health. Of those with complex mental health problems 98% had an agreed care plan in place for the quality outcomes framework year 2015/16.
- The practice identified those patients with poor mental health who did not attend appointments and offered flexible appointment times or agreed weekly pre-arranged appointments with a named GP.
- The practice had reviewed the complaint procedures and information was available and easy to understand. In addition to contacting the practice manager in person and writing to the practice, an email address had been created for patients to provide feedback to the practice online. Improvements were made to the quality of care as a result of complaints and concerns.

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 responsive to people's needs?

- The practice had reviewed the complaint procedures and information was available and easy to understand. In addition to contacting the practice manager in person and writing to the practice, an email address had been created for patients to provide feedback to the practice online. Improvements were made to the quality of care as a result of complaints and concerns.

Good



Summary of findings

The six population groups and what we found

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

People experiencing poor mental health (including people with dementia)

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

- 98% of patients with poor mental health had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Northfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Why we carried out this inspection

We undertook an announced focused inspection of Northfield Surgery on 31 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 5 January 2016 had been made.

This is because during our comprehensive inspection in January 2016 the service was not meeting a legal requirement and regulation associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 16 Receiving and acting on complaints.

During the January 2016 comprehensive inspection we found the provider did not handle complaint investigation and responses in a timely professional way. This was because we noted one written complaint was not handled in a timely way and the complainant was not kept

informed. Another complaint response contained subjective information not relevant to the complaint response. The details of the Parliamentary Health Service Ombudsman were also not included in response letters.

We also found outcomes for patients with poor mental health were low. Although this was not in breach of regulations this area required review and improvement.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in January 2016 had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us in April 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016.

During our visit we spoke with the practice manager, lead GP and the nurse manager.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it responsive?

We also looked at how well services were provided for people experiencing poor mental health.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the care provided to patients with poor mental health. Of those with complex mental health problems 98% had an agreed care plan in place for the quality outcomes framework year 2015/16. This was an improvement from 73% the previous year. The 2015/16 figure could not be compared to local and national averages as the results were not yet in the public domain.

The practice identified those patients with poor mental health who did not attend appointments and offered flexible appointment times or agreed weekly pre-arranged appointments with a named GP. In addition the practice had reviewed the services offered and introduced the following:

- A counselling service visited the practice and held weekly sessions offering adult and young person one to one's and bereavement counselling services.
- Staff referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.
- The practice offered telephone nurse triage for those people requesting a same day appointment. A face to face appointment could then be offered, if required.
- A named GP took the lead for the nursing and residential homes allocated to the practice. The nurse prescriber 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. A phlebotomist would also visit residents to take blood for tests.

- Staff at the practice had held a patient engagement event in Thorne market to promote the nurse telephone triage service and other services offered.

Listening and learning from concerns and complaints

Following our last inspection the practice reviewed how they received, actioned and responded to complaints. This included a review of all previous complaints and the practice responses received between August 2015 to January 2016. The acting practice manager contacted all previous known persons who made a complaint to the practice to determine if they were satisfied with the practice's previous complaint response. This led to two further investigations being completed and complaint responses being updated.

We were shown the reviewed complaints process. In addition to contacting the practice manager in person and writing to the practice, an email address had been created for patients to provide feedback to the practice online.

The 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 in the practice leaflet and notices in reception.

We reviewed 11 complaints received in the last six months and found lessons were learnt from individual concerns and complaints. For example, the practice had reviewed how patients accessed same day appointments. The practice nurse triage service was extended and further triage nurses recruited to ensure those patients requesting a same day appointment could be assessed. We noted complaint investigations and responses were actioned in a timely manner and responded to as documented in the revised process.