The Flying Scotsman Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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 The Flying Scotsman Centre on 9 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- To review the set up of staff details on the patient record system to allow individual prescriber names to be produced on electronic prescriptions.
- Continue to canvass patients to establish their caring responsibilities and offer further guidance and support to those identified as carers.

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.

- From the documented examples of incidents we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- However we noted electronic prescriptions produced were in the practices name and not individual prescriber. The practice manager told us they had applied to the NHS Business Services Authority to have the appropriate codes now they had a permanent GP and would progress this with the patient record software provider.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes had improved in the last year.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice cared for the majority of homeless people living in Doncaster and those with transient lifestyles.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said appointments were available at times when other practices were closed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, with community matrons.

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 disease management and patients at risk of hospital admission were identified as a priority.
- Patients with multiple long term conditions attended one appointment to review all of their conditions rather than attending for several appointments.
- Performance for diabetes had improved and the practice had achieved 93% of the outcomes available for the year 2016/17.
- The practice followed up on patients with long term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

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.

- From the examples we reviewed we found there were systems 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 (A&E) attendances.
- Immunisation rates were improving for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations 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 open until 8pm on weekdays and every Saturday and Sunday from 8am to 8pm.
- 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.

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- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- Performance for dementia related indicators was 100%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 82%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing comparable to local and national averages. 179 survey forms were distributed and 43 were returned. This represented 0.04% of the practice's patient list.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 33 comment cards and feedback included 'Doctor and staff are lovely' 'staff are caring and friendly' and 'I like the opening hours'. Two less positive comments related to lack of privacy in the waiting area and difficulty booking a double appointment.

We spoke with five patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

The Flying Scotsman Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector, a second CQC inspector and a GP specialist adviser.

Background to The Flying Scotsman Centre

The Flying Scotsman Centre is located in the town centre of Doncaster near to the train station. The practice provides services for 10,576 patients under the terms of the NHS Alternative Provider Medical Services contract. The practice is run by The Practice Surgeries Limited who have other locations throughout the country registered with Care Quality Commission.

The practice catchment area is classed as within the group of the most deprived areas in England. The age profile of the practice population differs from other practices in the area. The practice has 4% more children aged 0 to 4 years old and 14 to 18 years old registered. There are 26% less persons aged from 65 years and above registered here compared to other practices in the area.

The practice has one female GP who is supported by a long term male sessional GP and a pharmacist practitioner. They are supported by a lead nurse practitioner, an advanced nurse practitioner, two practice nurses, two healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice is open between 8am and 8pm every day of the year. Appointments are available throughout the day with a variety of staff. Appointments with the practice nurse are available every alternate Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day appointments with GPs and advanced nurse practitioners were available for patients that needed them.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

The provider is also commissioned to offer the violent patient scheme providing a secure environment in which patients who have been violent or aggressive in their GP practice can receive general medical services. The service is accessed via a dedicated telephone number and the patient can choose whether to request a face-to-face consultation with a GP or a telephone consultation. Face-to-face consultations are held twice a week in appropriate secured rooms with sufficient security staff on the premises half an hour before the patient's appointment and leave at least half an hour after the patient has left the premises.

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.

Detailed findings

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 May 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, associate practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed communications between staff and patients and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented incident reports we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. Sessional and long term locum staff were kept up to date through email briefings and attendance at meetings.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the process to refer patients to other health care providers was under review following an incident. The findings from the investigation were shared with staff in the clinical meetings. A copy of the incident investigation was available to staff within the incident reporting system and shared with staff by email who did not attend the meeting. This included sessional and long term locum staff. The procedure was currently being re-drafted to share with staff.

The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact details displayed in consultation and treatment rooms. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child 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. There were cleaning schedules and monitoring systems in place.
- The lead nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the pharmacist and the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Good

Are services safe?

- Blank prescription forms and pads were securely stored, however the systems to monitor their use required review. Boxes of prescriptions were allocated to rooms, securely stored and the prescriptions within the box tracked. However the practice did not keep a record of the box numbers received at the practice. Following the inspection the practice manager submitted the revised procedure to the commission which included tracking the boxes received at the practice.
- We noted electronic prescriptions produced were in the practices name and not individual prescriber. The practice manager told us they had applied to the NHS Business Services Authority to have the appropriate codes now they had a permanent GP and would progress this with the patient record software provider.
- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Monitoring risks to patients. There were systems in place to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General Medical Council, DBS checks and were on the national GP Performers' list. The practice also employed locum GPs through an agency who were responsible for performing the checks.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 stored securely. We noted the weekly checklist to record checks of emergency equipment did not capture the weekly emergency medicine check. Staff told us they checked the medicines weekly against the documented monthly check. Following the inspection the practice manager sent the commission an updated checklist to include a column to record weekly checking of medicines.

Good

Are services safe?

- We asked to see the GP home visit bags and were told that GPs provided their own. Following the inspection the provider shared with us a new procedure to provide GP home visit bags and a weekly schedule to check the equipment and medicines kept within.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Sessional and long term locum staff were kept up to date by attendance at meetings and email briefings.

Management, monitoring and improving outcomes for people

The provider took over the service in October 2015. The information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, which were only collected for part of the year, were 90.7% of the total number of points available compared with the clinical commissioning group(CCG) average of 98% and national average of 96%. There was no exception reporting recorded for this period. (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 the October 2015 to March 2016 showed:

- Performance for diabetes related indicators was 71% which was 26% lower than the CCG average and 19% below the national average.
- Performance for mental health related indicators was 88% which was 11% lower than the CCG average and 9%lower than the national average.
- Performance for dementia related indicators was 70% which was 28% lower than the CCG average and 24% lower than the national average.

The practice shared with us the outcomes for 2016/17 which were not yet in the public domain, therefore could not be compared to local and national averages. The practice achieved 93% of the overall points available.

- Performance for diabetes had improved and the practice had achieved 93% of the outcomes available.
- Performance for mental health related indicators was 82%.
- Performance for dementia related indicators was 100%.

There was some evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing all female patients who were prescribed hormone replacement therapy to ensure appropriateness of the therapy, the patient had attended for a review within the last 12 months, had a blood pressure check and attended cervical screening appointments.

Staff told us they were currently drafting the clinical audit programme for the next two years following review of previous audits performed and new areas for review.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

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Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Long term locums and sessional staff were required to provide updates of training undertaken in other roles and offered the training with the provider if it was due. Records of training undertaken by agency staff were available through an online web based system.
- The practice was a clinical placement area for general nursing students in their second and final year of training. Practice staff told us that feedback from students was always positive about their placement the learning opprtunities offered and the placement.

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. From the sample of referrals viewed we found that the practice was in the process of reviewing how they shared relevant information with other services including when referring patients to other services. Following a recent incident the new process was c being drafted to share with staff.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Information was shared between services, with patients'consent, using a shared care record. Meetings took place with other health care professionals monthly when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group and staff referred patients to dieticians for dietry advice.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also 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.

Good

Are services effective?

(for example, treatment is effective)

- Patients with multiple long term conditions attended one appointment to review all of their conditions rather than attending for several appointments.

The practice's uptake for the cervical screening programme for the year 2015/16 was 65%, which was lower than the CCG average of 82% and the national average of 81%. This has increased to 69% for the year 2015/16. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. Staff were aware of the lower uptake and told us how they offered opportunistic screening when the patient attended the practice, by using information in different languages and ensuring a female sample taker was available. Staff would attempt to contact those who did not attend to discuss the benefits of cervical screening. Cervical screening appointments were also offered on alternate Saturdays to encourage uptake.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried but the uptake rates for the vaccines given were low. For example, rates for the vaccines given to under two year olds ranged from 87% to 90% and five year olds from 66% to 76%. Staff were aware of this and offered immunisation clinics during the week and on every other Saturday. Staff would ring people and encourage them to attend and also offer immunisations and vaccinations opportunistically.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 33 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. However, one comment reported lack of privacy in the waiting area. A signpost had been installed asking patients to 'wait here' until the person in front had finished at the reception desk and there was a notice informing patients a room was available for 'private' conversations with staff.

We spoke with five patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 94% of patients said the GP gave them enough time compared with the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The practice also completed its own patient satisfaction survey. During April 2016 to March 2017 645 people had completed a satisfaction survey following contact with the practice by telephone. For example:

- 96% reported GPs and nurses listened well to what the patient had to say and provided a good explanation of the patients condition and treatment.

Care planning and involvement in decisions about care and treatment

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

Good

Are services caring?

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:

- All of the patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- All of the respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Staff told us that 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. Patients were also told about multi-lingual staff who might be able to support them.

Information leaflets were available in easy read format.

The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or for those whose circumstances may make them vulnerable included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.01% of the practice list). Staff told us they were in the process of asking patients if they cared for a friend or family member during routine consultations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and provide advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. Of those patients registered 74% of the practice population were of working age, 24% were under the age of 18 and 2% over the age of 65. The practice cared for the majority of homeless people living in Doncaster and those with transient lifestyles.

- The practice was open from 8am to 8pm every day, including bank holidays.
- There were longer appointments available for patients those who needed one.
- Home visits were available those patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice linked in with other organisations to provide care to homeless people. They worked closely with the local hostels and held monthly meetings with key workers.
- Those registered at the practice with no fixed abode used the practice address for correspondence from hospitals and other health care providers. The practice provided sanitary packs for females.
- The provider is also commissioned to offer the violent patient scheme providing a secure environment in which patients who have been violent or aggressive in their GP practice can receive general medical services. The service is accessed via a dedicated telephone number and the patient can choose whether to request a face-to-face consultation with a GP or a telephone consultation. Face-to-face consultations were held twice a week in appropriate secured rooms. Sufficient security staff were provided on the premises before, during and after the appointment time.

Access to the service

The practice was open from 8am to 8pm every day, including all bank holidays. Appointments were available throughout the day with a variety of staff. Appointments with the practice nurse were available every alternate Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day appointments with GPs and advanced nurse practitioners were available for patients that needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 65%.

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

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. For example, GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of

Good

Are services responsive to people's needs?

(for example, to feedback?)

need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 and a notice was displayed and the process summarised in a leaflet.

We looked at seven complaints received in the last 12 months and these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint a patient was not informed of the changes to a booked appointment the process was reviewed. The procedure was updated to include recording communication with patients when appointment times were changed.

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 provider, Practice Surgeries Limited has 48 other locations registered with the CQC, including four walk in centres. Managers at the Flying Scotsman Centre had access to locality and regional support leads and a national support centre.Staff we spoke with at the Flying Scotsman Centre had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of the company mission statement and understood the values. Managers at the Flying Scotsman Centre had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was being implemented to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the lead GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable and always took the time to listen to all members of staff. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP and practice manager encouraged a culture of openness and honesty. From the sample of incident records we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence. There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multidisciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Staff said they felt respected, valued and supported, particularly by the lead GP and practice manager. All staff were involved in discussions about how to run and develop the practice and the lead GP, practice manager and management team 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 and staff. It sought feedback from patients through:

- The patient participation group (PPG) had up until recently been active and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Staff were actively trying to recruit new members to the PPG.

Are services well-led?

Good

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

- The NHS Friends and Family test, the providers own survey and complaints and compliments received
- Staff through an annual staff survey and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.