Frances Street Medical Centre

Quality Report

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

Ratings

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

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 Frances Street Medical Centre on 6 April 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had liaised with the local bail hostel whereby residents were supported to access health care at the practice within a safe environment.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice employed a pharmacist who reviewed patients' medications, provided advice and support to patients and staff and also promoted medicines optimisation.
- The practice had identified the current premises were adequate and recognised they had used all of the available space. They were reviewing their existing accommodation and planning for future requirements. It was equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice referred to the nurse who reviewed patient's in their own home as the 'iNurse'. They visited those patients unable to get to the surgery at home and performed joint consultations with GPs at

the practice using video chat technology. This enabled the patient to see the GP and the GP to see the patient. We were told how this was particularly useful reviewing patient's with conditions that required visual assessment. For example, those with skin rashes.

- The practice had liaised with the local bail hostel whereby residents were supported to access health care at the practice within a safe environment.
- The practice employed a clinical pharmacist who supported staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing. Patients were also able to book appointments with the clinical pharmacist for advice and support how to take their medicines and all patients taking multiple medicines were regularly reviewed and on the day following discharge from hospital.
- The patient participation group liaised with staff to schedule regular a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Each year the PPG would meet and arrange the programme of events for the forthcoming year. Topics included living with alzhiemer's, an introduction to yoga, living with diabetes, bowel cancer screening, dementia primary care liaison nurse, overview of the wellbeing centre, services for patients who fall and minor illness advice from the local chemist. Patients told us they enjoyed the sessions and found them very informative and people travelled from other areas to attend.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. All patients diagnosed with an irregular heart beat were taking blood thinning medicines.
- There had been 27 clinical audits completed in the last two years, 14 of these were completed audits where the improvements made were implemented and monitored.
- Data showed that the practice was performing highly when compared to practices nationally.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice employed a clinical pharmacist who would review patients taking many medicines or those medicines highlighted through safety alerts.
- The practice also employed a counsellor who offered patients talking therapies and support to make healthy life choices.

Are services caring?

The practice is rated as good for providing caring services.

Good

- 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.

Are services responsive to people's needs?
The practice is rated as outstanding for providing responsive services.

Outstanding

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice had liaised with the local bail hostel whereby residents were supported to access health care at the practice within a safe environment.
- There are innovative approaches to providing integrated patient-centred care. The iNurse visited those patient's unable to get to the surgery at home and performed joint consultations with GPs at the practice using video chat technology. This enabled the patient to see the GP and the GP to see the patient. We were told how this was particularly useful reviewing patient's with conditions that required visual assessment. For example, those with skin rashes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example they had reviewed access to same day appointments and introduced a practice nurse triage system.
- Patients can access appointments and services in a way and at a time that suits them.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The patient participation group liaised with staff to schedule a regular programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Each year the PPG would meet and arrange the programme of events

for the forthcoming year. Topics included living with alzhiemer's, an introduction to yoga, living with diabetes, bowel cancer screening, dementia primary care liaison nurse, overview of the wellbeing centre, services for patients who fall and minor illness advice from the local chemist. Patients told us they enjoyed the sessions and found them very informative and people travelled from other areas to attend.

Are services well-led?

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

Outstanding

- 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.
- The partners were proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients. There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. For example administrative apprentices were supported to develop their skills which led to permanent employment at the practice leading on to further training in management vocational qualifications.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 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.
- The practice offered placements for student nurses, medical students and national vocational qualification students to develop the future workforce and interest them in GP practice.
- 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 of these 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.

People with long term conditions

Outstanding

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority. The iNurse would visit those patients who could not get to the practice at home.
- The pharmacist would review patient's medicines to ensure they were receiving the most appropriate for their conditions and also offer appointments with patients to provide advice about their medicines and when best to take them.
- Performance for diabetes related indicators was 100% which was 4% above the CCG average and 11% 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, clinical pharmacist and practice nursing staff 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.
- 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 82%, which was comparable to 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 and school nurses.

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

Outstanding

The practice is rated as outstanding for the care of people who 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.
- The practice offered longer appointments for patients those who needed them.
- The practice had liaised with the local bail hostel whereby residents were supported to access health care at the practice within a safe environment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A cousellor offered talking therapies and support to patient's to make healthy choices.
- The practice offered walk-in appointments for named patient's who benefited from being seen on request.

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).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- Of those experiencing poor mental health 97% had a comprehensive care plan in place which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.
- A cousellor offered talking therapies and support to patient's to make healthy choices.
- Patients with mental health conditions medicines were regularly reviewed by the clinical pharmacist and they received support and advice how to take their medicines. This supported patient's to reduce their dependency on some medicines.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016 showed the practice was performing above local and national averages. 270 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 82% 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 33 comment cards which were all very positive about the standard of care received. Comments included 'staff are caring and professional', 'the practice provides exceptional care' and the surgery 'is one of the finest in Doncaster'.

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.

Care Quality Commission

Frances Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Frances Street Medical Centre

Frances Street Medical Centre (or the Medical Centre as it is known locally) is situated in Doncaster city centre. The practice provides services for 7,555 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area 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, a practice pharmacist, two advanced nurse practitioners, six practice nurses and one healthcare assistant. They are supported by a team of practice management staff and an administration team. The practice is open between 8am and 6pm Monday to Friday. Appointments with staff are available at various times throughout the day. Patients requesting same day appointments are triaged over the telephone by the practice nurse and offered a face to face appointment if required. A phlebotomy service was available every morning.

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 6 April 2016.

During our visit we:

- Spoke with a range of staff (GPs, clinical pharmacist, practice nurses, practice manager, office manager and member of the administration team) and spoke with patients who used the service.
- Observed how patients were being cared for 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:

Detailed findings

- 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 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 process to escalate sharing of patient information 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 in a folder in the practice manager's office which call all staff could access.

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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Administrative staff scheduled report requests and review dates into clinical and medical staff diaries so they completed on time. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nursing staff 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. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the IPC teams to keep up to date with best practice. There was an IPC protocol in place 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 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 practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or practice nurse were on the premises.
- The practice employed a pharmacist to promote the best use of medicines who would also see patient's who took complex medicines or who were prescribed multiple medicines. Patient's and staff told us this was a very informative resource
- We reviewed three recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- 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 and infection control 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 staff.

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 published results were all of the total number of points available, with 11.3% 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 100% which was 4% above the CCG average and 11% above the national average.
- All patients with hypertension were having regular blood pressure tests.This was 1% higher than the CCG average and 2% than the national average.
- Performance for mental health related indicators was 4% above the CCG and 7% above the national average.

Clinical audits demonstrated quality improvement.

- There had been 27 clinical audits completed in the last two years, 14 of these were completed audits where the improvements made were implemented and monitored.
- The practice 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 those patient's, both adults and children, who used rescue inhalers for breathing problems to ensure they were not overused.

Information about patients' outcomes was used to make improvements. Those patients who received prescribed medicines from hospitals attended regular reviews with the pharmacist to ensure they did not interact with medicines prescribed by the practice.

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.
- The practice was a clinical placement area for both medical students and nursing students. Staff were trained as mentors to support them during their placements at the practice.

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 multidisciplinary team meetings took place monthly and care plans were routinely reviewed and updated. Monthly children and family meetings were held with health visitors and for those patients at risk of admission to hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included those 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.
- The practice employed a counsellor to offer psychological and talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices. Patient's who used the service explained how it had helped them to review their situations and look at support strategies.
- Patients were able to book appointments with the clinical pharmacist for advice and support how to take their medicines and all patient's taking multiple medicines were regularly reviewed and on the day following discharge from hospital.
- The clinical pharmacist also provided support to patients taking controlled and restricted medicines by reviewing them regularly and reducing their dependence on these medicines.
- Staff also referred patients to the social prescribing project in Doncaster. The GP and practice nurses, counsellor and clinical pharmacist had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 82%, which was comparable to 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 for those with a learning disability and 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 90% to 94% and five year olds from 86% to 98%.

Flu vaccination rates for the over 65s were 83%, and at risk groups 66%. These were also above CCG and national averages.

Good

Are services effective?

(for example, treatment is effective)

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.

All of the 33 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an first class service and staff were helpful, caring and treated them with dignity and respect. We spoke with seven patients who also were very complimentary about the care provided by the practice. They said their dignity and privacy was respected. One patient told us they had an issue recently with a member of staff and were exploring ways for it to be resolved. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were above the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG and national average 87%).

Some patient's told us they had moved away from the area but chose to be registered at the practice because of the great care they received.

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 very positive and aligned with these views. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 88% 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%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%).
- 87% 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

Notice boards in the patient waiting room were themed. Information was available to patients on how to access a number of support groups and organisations. The practice's computer system alerted staff if a patient was also a carer. They had identified 1% of the patient population as a carer. Written information was available to direct carers to the various avenues of support available to them. they were also offered health checks and flu vaccinations.

Staff told us if families experienced bereavement the GP or practice nurse would contact them and also send a

bereavement card containing further information. This call was either followed by a meeting 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 employed a pharmacist who reviewed patient's medications, provided advice and support to patients and staff and also promoted the most appropriate use of medicines available.

- All appointments with GPs were scheduled for 15 minutes. There were longer appointments available for those who needed them. GP's would book those patient's who needed a follow up appointments during their initial consultation, either face to face or over the telephone, to review their condition.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The iNurse visited those patient's unable to get to the surgery at home and performed joint consultations with GPs at the practice using video chat technology. This enabled the patient to see the GP and the GP to see the patient. We were told how this was particularly useful reviewing those with conditions that required visual assessment. For example, skin conditions. We received several comments from patient's who were visited at home praising the service and how it worked really well.
- The practice had liaised with the local bail hostel whereby residents were supported to access health care at the practice within a safe environment.
- Walk-in appointments were available for those patient's it had been identified as part of their care plan would benefit from these.
- Patient's could contact the practice by email to ask questions, queries, book appointments and also request prescriptions. Staff told us this reduced the number of telephone calls to the practice and also created an audit trail which was uploaded to the patient record.
- The patient participation group liaised with staff to schedule a regular programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Each year the PPG would meet and arrange the programme of events for the forthcoming year. Topics included living with alzhiemer's, an introduction to yoga, living with diabetes, bowel cancer screening, dementia primary care liaison nurse, overview of the wellbeing centre, services for patients who fall and minor illness advice from the local chemist. Patients told us they enjoyed the sessions and found them very informative and people travelled from other areas to attend.
- 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, a hearing loop and interpretation services available.
- The premises had a lift for access to the first floor.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available with most staff throughout the day. 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. A phlebotomy service was available every weekday morning.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had consulted with patient's through the patient survey whether they would like appointments to be available first thing in the morning and later in the evening. Feedback from patients to the practice was they were satisfied with the current appointment availability.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Outstanding

Are services responsive to people's needs?

(for example, to feedback?)

- 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 three complaints received in the last 12 months and found lessons were learnt 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, the practice reviewed its procedure for communicating with patient's following feedback. It recognised sometimes it was appropriate, with the patient's permission, to engage with external organisations when dealing with complaints. For example, engaging with healthwatch or patient advocacy services.

Are services well-led?

Outstanding

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. A mission statement was displayed in the waiting areas and staff knew and understood the values.

The partners were proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients. There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. Frances Street Medical Centre and Dr Mohammed Aurangzeb Khan's practice formed a partnership to commission services for patients across both practices in 1997. They had been working together to secure new joint premises to house both practices and share staff and facilities. Frances Street Medical Centre provided practice managerial support and GP cover, whilst on leave, to Dr Mohammed Aurangzeb Khan practice. Dr Mohammed Aurangzeb Khan practice provided acupuncture for patients at both practices. They had a shared payroll system to reduce administration tasks across the two practices.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. It was involved in piloting and implementing new ways of working to benefit patients. For example by the iNurse visiting those patient's unable to get to the surgery at home and performed joint consultations with GPs at the practice using video chat technology.

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 there was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example GP partners took the lead in areas such as significant events, finance and safeguarding, practice nurses had lead roles long term condition review management, minor illness and end of life care. Members of the administration team took lead roles in online services and patient engagement.

Practice specific policies were implemented and were available to all staff on the shared network. A comprehensive understanding of the performance of the practice was maintained and an annual review of spending produced to share with commissioners of the service. A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice 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 partners were approachable and always took the time to listen to all members of staff. Staff were involved in discussions about significant events and about how to develop the practice at regular practice meetings and role specific meetings. We saw significant events were raised by administration as well as by clinical staff. Staff told us they could raise any issues at these meetings and felt confident and supported when they did. There was a clear leadership structure in place and staff felt supported by management. 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. A GP partner was the CCG locality lead and also the CCG child health lead.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Outstanding

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

The practice offered placements for student nurses, medical students and national vocational qualification students to develop the future workforce and interest them in GP practice. The medical students we spoke with told us staff were very supportive and the placement provided a good introduction to a career in GP practice which they would be interested in pursuing in the future.

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

There were high levels of staff satisfaction. Staff told us of feeling part of a whole team with one culture and ethos. Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. For example practice nurses were supported and mentored to become nurse prescribers so they could prescribe medicines for the patients they reviewed. The GPs also offered mentorship to practice nurses from other surgeries in the area completing the nurse prescribing course. Administrative apprentices were supported to develop their skills which led to permanent employment at the practice leading on to further training in management vocational qualifications.

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every six weeks, carried out patient surveys and submitted proposals for improvements to the practice management team. They also had a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Each year the PPG would meet and arrange the programme of event for the forthcoming year. Topics included living with alzhiemers, an introduction to yoga, living with diabetes, bowel cancer screening, dementia primary care liaison nurse, overview of the wellbeing centre, services for patients who fall and minor illness advice from the local chemist. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.

The practice had gathered feedback from staff 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 . Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice employed a pharmacist and a counsellor to offer services directly to patients.