

Princess Medical Centre

Quality Report

Princess Street
Doncaster
DN6 7LX
Tel: 01302 72340
Website: website

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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?		Requires improvement	

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 Princess Medical Centre on 22 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients 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 leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Most risks to patients were assessed and well managed. However, the practice had not had a recent legionella risk assessment completed, the actions within the infection prevention and control audit were not monitored and reviewed regularly and prescriptions were not tracked through the practice.

The areas where the provider must make improvement are:

Summary of findings

- Ensure the actions identified in the infection prevention and control audit are recorded, action taken to address areas identified for improvement and the plan updated accordingly.
- Ensure prescriptions are tracked through the practice to comply with NHS Protect Security of prescription forms guidance (Updated August 2013).

The areas where the provider should make improvement are:

- Review and update the significant event report form.
- Revisit the contract with the landlord of the premises to include a service level agreement to determine who is responsible for the maintenance and upkeep of the premises, utilities and fixtures and fittings.

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 a 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 some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. However, the practice had not had a recent legionella risk assessment completed, the actions within the infection prevention and control audit were not monitored and reviewed regularly and prescriptions were not tracked through the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable when compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- One clinical audit demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. However the practice manager had not had a review in the last two years.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 lower than other for some aspects of care. Practice staff told us this was due to the retirement of previous GPs.

Summary of findings

- Patients mostly 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients the appointment process had improved recently and they mostly found it easy to make an appointment with a 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. The salaried GPs told us they were developing a robust strategy and supporting business plans for the future to reflect the vision and values.
- There was a documented leadership structure and most staff felt supported by management.
- All staff had received inductions but not all staff had received regular performance reviews.
- Although risks to patients who used services were assessed, the systems and processes to address some of these risks were not reviewed regularly. For example, actions identified from the infection prevention and control audit.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- All older 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.
- A named GP took the lead for the nursing and residential homes allocated to the practice. They held a clinic every two weeks at the home incorporating medication and long term condition reviews along with regular appointments.

People with long term conditions

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

Good



- Practice nursing staff had lead roles in long term condition review and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 6% below the CCG average and 1% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.

Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was just below the CCG average of 82% and comparable to the national average of 81%
- 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 and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people(including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for those who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed people how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Of those experiencing severe poor mental health 91% had a comprehensive care plan in place which was higher than the CCG average of 89% and the national average of 88%.
- All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- 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.

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 below local and national averages in some areas. 329 survey forms were distributed and 124 were returned. This represented 2% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 67% 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 21 comment cards which were mostly positive about the standard of care received. One comment reported a GP was rude, another staff member was abrupt and other staff were ignorant. There were no common themes to these comments relating to specific staff groups. Positive comments included 'staff are very patient', 'staff listen and treat me appropriately' and 'staff are helpful'.

We spoke with six 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.

Princess 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 Princess Medical Centre

Princess Medical Centre is located on the outskirts of Doncaster. The practice provides services for 6,314 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the second 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 salaried GPs, two female and two male. They are supported by a two practice nurses, a healthcare assistant a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. The doors to the practice are closed between 12 noon and 1pm each day and telephone calls to the practice are answered during this time. Appointments are available with GPs between 8.30am to 11am and 3pm to 5.30pm daily and from 8.30am to 5.30pm with practice nurses and the healthcare assistant. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that needed them.

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.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told one partner, who was also the registered manager had retired 12 months ago and a salaried GP was registered with us a partner. We received an application to remove a partner and add a new partner on 2 September 2016.

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 22 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed how patients interacted with staff 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.

Are services safe?

Our findings

Safe track record and learning

There was a 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 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). We noted the incident form contained a reference to reporting to 'DBH' (Doncaster and Bassetlaw Hospital). We were told this no longer happened and the form needed updating to remove this and also to include more details of investigations undertaken.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told how the cold chain procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw this was discussed at the practice meeting and shared with staff who attended. Minutes of the meeting were kept on the practice intranet system which all staff could access.

Overview of safety systems and processes

The practice had some 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 vulnerable adults from abuse. These arrangements 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We were shown an annual infection prevention and control audit and the date was not documented when it was carried out. Actions were contained within the notes. The practice did not keep a separate action plan to monitor progress taken in relation to the actions. We observed carpet in some consulting rooms and the couches had been identified to be replaced as they were not adjustable and nor easily cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored. Electronic prescriptions and prescription pads were securely stored but they did not comply with NHS

Are services safe?

Protect Security of prescription forms guidance (Updated August 2013) as they did not record track electronic prescription movement, including recording of serial numbers.

- A practice nurse had qualified as an independent prescriber and could therefore prescribe medicines. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The healthcare assistants was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel 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. Administration staff who had worked at the practice prior to the provider's registration with the Care Quality Commission (CQC) were not DBS checked as they did not chaperone patients. All new staff received a DBS check.

Monitoring risks to patients

Risks to patients were assessed and 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. We were shown the recorded actions the cleaning company took to reduce the risk of legionella which included running all taps weekly and the shower in the male toilet. (Legionella is a

term for a particular bacterium which can contaminate water systems in buildings). We asked to see a risk assessment for legionella and were told one had not been completed and it was arranged for September 2016.

- 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 enough staff were on duty.
- The practice leased the building from private landlords. We asked to see a service level agreement to determine who was responsible for the upkeep of the building and fixtures and fittings. We were told the practice did not have one and as tenants they were responsible for everything internal to the building and the landlord for everything externally.

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 stored securely.

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

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 patients' needs.
- We were told the practice did not have a documented system in place to monitor how guidelines were followed nor was a record of actions taken in relation to the guidelines kept. The guidance would be passed to the lead for the clinical area to action. The practice manager told us this would be reviewed to include an actions taken log.

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 96.9% of the total number of points available with no 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 6% below the CCG average and 1% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.

There was evidence of quality improvement including clinical audit. There had been one clinical audit completed and two reviews of patient outcomes in the last two years. The clinical audit demonstrated where improvements had been implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included review of children under five

years old who presented with a high temperature. The second cycle of the audit demonstrated all children under five years of age were having their vital signs monitored when they presented at the practice with a temperature.

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. 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 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 most 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. Most staff had received an appraisal within the last 12 months, however the practice manager had not had an appraisal within the last two years.
- 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.

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, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- 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 professionals 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.

As well as internal monthly meetings the practice held meetings with other health care professionals every six weeks and patient records were routinely reviewed and updated for those with complex needs.

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. 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.
- The healthcare assistant offered smoking cessation sessions to patients at the practice and those from the surrounding area.

- 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. The practice had referred 51 patients to the scheme since it started in August 2014.

The practice's uptake for the cervical screening programme was 81%, which was just below the CCG average of 82% and comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and followed up those who did not attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 89% to 98%.

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.

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 treatment 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. However, a patient did tell us they previously heard conversations reception staff had with patients on the telephone at the reception desk. We were told staff at the practice had identified this as an issue and had reviewed the procedure. All telephone calls to the practice were now answered in a room upstairs away from patient areas. Staff only answered internal telephone calls in reception.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were mostly positive about the standard of care received. One comment reported a GP was rude, another staff member was abrupt and other staff were ignorant. These comments were not consistent for any staff group.

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

Results from the most recent national GP patient survey showed patients felt they were treated with less compassion, dignity and respect than at a local or national level. The practice was below average for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 85%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG and national average 87%).

We were told over the past two years that two long standing GP's had taken early retirement and there had been a succession of GPs and locums working at the practice. Three salaried GPs had joined the practice in the last three years and practice staff felt the GP survey results were reflective of these changes in staff.

Care planning and involvement in decisions about care and treatment

Patients told us they mostly felt involved in decision making about the care and treatment they received. They also told us they usually felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 75% 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%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Are services caring?

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 in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the patient population as a carer. All new patients were asked if they were a carer when registering at the practice.

We were shown the written information available to carers to direct them to the various avenues of support available. It included details of local carer's support groups and community organisations offering support and guidance.

The practice implemented the 'The Herbert Protocol' introduced by South Yorkshire Police, the Alzheimer's Society, health trusts and Dementia Action Alliances to

provide police officers with early access to information when dealing with missing people living with dementia. All patients living with dementia registered at the practice were encouraged to complete the form which was designed to make sure that, if someone was reported missing, the police could access important information about that person as soon as possible. The form contained information about their medical status, mobility, access to transport, places of interest and daily routines. Once completed, copies were made and then available for use if the person should ever be reported missing. The idea is that speedy access to information will help officers track missing people down quickly.

Staff told us if families experienced bereavement, their usual GP contacted them. 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. The practice would also send cards to bereaved relatives, if they were known to the practice, and sent cards to those celebrating 'milestone' birthdays.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was working with other practices in the locality group to review care provided to those whose circumstances may make them vulnerable.

- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- People requesting same day appointments were triaged by the GP and offered a face to face appointment if required.
- Patients were able to receive travel vaccinations available on the NHS and those vaccines available privately.
- There were disabled facilities and interpretation services available. The practice premises did not have a hearing loop.
- All staff were trained as dementia friends.
- All patients living with dementia were and their carers were encouraged to complete 'The Herbert Protocol' which is a risk reduction tool for people and their families and carers living with dementia. This form is designed to make sure that, if someone goes missing, the police can get access to important information about that person as soon as possible and shared with the police and other agencies involved in the care of the person.
- A GP completed a ward round at the local nursing and care homes for residents registered at the practice. We were told how this supported medicine and long term condition reviews to be completed and also the GP was able keep in touch with the residents families.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. The doors to the practice were closed between 12 noon and 1pm each day and telephone calls to the practice were answered during this time. Appointments were available with GPs between 8.30am to 11am and 3pm to

5.30pm daily and from 8.30am to 5.30pm with practice nurses and the healthcare assistant. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Following recent feedback from patients the practice had reviewed the appointment system and reduced the time patients could book in advance as they had a high rate of patients not attending for appointments. They also increased the number of same day appointments to accommodate patients requests.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

Are services responsive to people's needs?

(for example, to feedback?)

We looked at six 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, reviewing the new patient registration process for those who do not have pictorial proof of identity.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients. A partner and the salaried GPs told us they were developing a robust strategy and supporting business plans for the future to reflect the vision and values.

Governance arrangements

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

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and discussed regularly.
- Although risks to patients who used services were assessed, the systems and processes to address some of these risks were not reviewed regularly. For example, actions from the infection prevention and control audit. Actions had been identified for improvement and were not monitored. For example, replacing the couch in the practice nurse room. It was at fixed height and could not be cleaned easily due to piped edges.
- The practice leased the premises from a private landlord. We asked if they had a service level agreement with the landlord to determine who was responsible for the upkeep of the building, maintenance etc. We were told they did not have a service level agreement and the arrangement was the practice were responsible for everything inside the building and the landlord everything external to it.

Leadership and culture

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told one partner, who was also the registered manager had retired 12 months ago and a salaried GP was registered with us a partner. We received an application to remove a partner and add a new partner

on 2 September 2016.. We were told the new GP partner supported the salaried GPs with their governance processes and provided line managerial responsibility for the practice manager.

On the day of inspection the salaried GPs in the practice demonstrated they had the enthusiasm, 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 GPs were approachable and always took the time to listen to all members of staff.

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 GPs 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.

There was a leadership structure in place and staff felt supported by management.

- 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.
- Staff said they felt respected, valued and supported and involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the newly formed patient participation group (PPG) and through complaints received. The PPG met regularly and submitted proposals for improvements to the

Are services well-led?

Requires improvement



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

practice management team. For example, the group had suggested to review the appointments process following feedback from patients having to wait two to three weeks for a routine appointment with a GP.

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	We found that the registered person did not always maintain accurate and contemporaneous records in respect of staff and the management of regulated activities.
Treatment of disease, disorder or injury	This is because: The actions identified in the infection prevention and control audit were not reviewed and monitored regularly. Blank prescriptions were securely stored but not tracked through the practice. This was in breach of regulation 17(1)(2)(d)(i)(ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.