Conisbrough Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Conisbrough Medical Practice practice on 12 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Although some audits had been carried out, we were told there was not a continuous quality improvement programme for future audit and patient review activity.

We saw one area of outstanding practice:

- The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care. The lead GP had won the Mentor/Coach of the Year 2015 from NHS Health Education England Regional Leadership Recognition Award (Yorkshire and the Humber) for their work mentoring and coaching students applying to become healthcare professionals.

The areas where the provider should make improvement are:

Summary of findings

- Make arrangements for all staff to complete level one safeguarding childrens' training as recommended in the Intercollegiate Guideline (ICG) “Safeguarding Children and Young People: roles and competences for health care staff” (2014).
- Implement a procedure to monitor prescription pad use complying with NHS Protect Security of Prescription guidance.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Some clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.

There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

Data from the national GP patient survey showed that patients rated the practice lower than others for several aspects of care. This did not reflect what patients told us and comments received on the CQC comment cards. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

It 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 had been identified. They had reviewed their opening hours following feedback from patients. 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.

Information about how to complain was available and easy to understand and evidence

Are services well-led?

Good

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

It 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 this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

The practice proactively sought feedback from staff and patients, which it acted on.

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.

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

Good

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

Nursing staff had lead roles in long term condition management and 2% of patients at risk of hospital admission were identified as a priority. Diabetes care related indicators were 4% above the CCG and 11% above the national average.

Longer appointments and home visits were available when needed.

All these patients had a named GP. Patients attended structured annual reviews to check their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

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 children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw good examples of joint working with midwives, health visitors and school nurses.The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 82% and the national average of 77%.

Summary of findings

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable. Patients were told how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

All people diagnosed as living with dementia had had their care reviewed in a face to face meeting in the last 12 months. the practice carried out advance care planning for patients living with dementia.

All people experiencing poor mental health had received an annual physical health check. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with living with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

Staff had a good understanding of how to support people with mental health needs and dementia. .	

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 94 responses and a response rate of 24.4% to the survey. This represented 5% of the practice population.

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.

The following were below average:

- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 47% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed CQC comment cards which were all positive about the standard of care received. We also spoke with three patients and four members of the patient participation group on the day of the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us on the comment cards and in discussions staff were helpful, polite and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

Conisbrough Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Conisbrough Medical Practice

Conisborough Medical Practice is located in Conisborough on the outskirts of Doncaster. The practice shares its staff and management functions with Askern Medical Practice which has a branch surgery, Mexborough Medical Practice. Conisbrough Medical Practice provides services for 1,839 patients under the terms of the General Medical Services contract. Patients can be seen at any location. The practice catchment area is classed as within the group of the second most deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG).

The practice has one male GP who works at the Conisbrough Medical Practice for five sessions per week and a male and female sessional GPs who both work two sessions per week. There are two independent nurse prescribers, two practice nurses, three healthcare assistants, and a team of patient care advisors who work across Askern Medical Practice and Consibrough Medical Practice sites. The management team also oversee the three sites and include a practice director, practice manager, reception manager and a business development coordinator.

The practice is open between 8am to 6pm Monday to Friday and until 7.30pm on Tuesday evenings. It is closed on Thursday afternoons and calls to the practice diverted to the practice mobile telephone number which would be answered at either Askern or Mexborough Medical Practice. Appointments with a GP are available at various times from 9am to 11.30am and 2pm to 5pm on weekdays. Appointments with the nurse prescriber are available all day Tuesday and Wednesday afternoons. Practice nurse appointments are available on Wednesday afternoons and Friday mornings. Patients could also be seen at Askern Medical practice and Mexborough Medical Practice. The practice opened every other Saturday morning at alternating sites for pre-booked GP appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Conisborough Medical Practice is registered to provide surgical procedures; maternity and midwifery services; treatment of disease, disorder or injury and diagnostic and screening procedures from Conisborough Medical Practice, Stone Castle Centre, Gardens Lane, Conisborough, DN12 3JW.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, the practice director, the practice manager and members of the administration team) and spoke with patients who used the service.
- Observed how people 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:

- 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out an analysis of 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 practice procedure for communicating changes to patients condition was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were stored on the practice computer system which was accessible to all.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports when necessary for other agencies. All staff demonstrated they understood their responsibilities. We were told administration staff had completed in house safeguarding adult and children training delivered by the practice director. They had not completed level one training. This did not comply with the Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014). The practice manager told us level one online training would be completed by staff at the earliest opportunity. All other staff had received training relevant to their role. The lead GP was trained to safeguarding level three.
- A notice in the waiting room advised patients practice nurses or the healthcare assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the 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. A recent audit in November 2015 had just been undertaken and we were told by the practice nurse the actions identified were yet to be drafted into an action plan. We saw evidence actions identified from previous audits had been addressed 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. The practice did not have a system in place to monitor their use. We reported this to the practice director who told us this would be reviewed. 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.
- We reviewed five recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, references,

Good

Are services safe?

qualifications and registration with the appropriate professional body. We noted proof of identification was only present in one of the five files and DBS checks were in progress for patient care advisors who did not have them completed on start of employment at the practice.
- There were fail safe 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 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 reception. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- 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. There was also a first aid kit and accident book 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. The practice have supported other GPs' in the area who encountered problems with their premises by providing areas of the practice to work from to care for their patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 and review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 the practice had achieved all of the total number of points available, with 12.1% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was 4% above the CCG and 11% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- Performance for dementia related indicators was 2% above the CCG average and 5% above the national average.

Clinical audits demonstrated quality improvement. There had been three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local medicine reviews and national benchmarking. Findings from these were used by the practice to improve services. For example, the practice had reviewed all patients taking medicines for pain that can become addictive. The second audit demonstrated 93% of patients' taking these medicines had stopped taking them. We were told there was not a continuous quality improvement programme for future audit and patient review activity.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality. We noted safeguarding training for staff was delivered in house by the practice director.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff e.g. for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- We were shown the Askern Conisbrough Medical Practice Education Programme brochure 2015 for clinical and non-clinical staff . It listed internal and external dates and times of educational sessions, peer review sessions, performance and appraisal sessions, courses provided by external providers and practice meetings held during that year. Topics for health care assistants included ear care training and health checks and cytology for practice nurses.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff did not have access to e-learning mandatory training modules and most training was delivered in house. Since the inspection the practice director has told the commission staff now have access to online mandatory training modules.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multidisciplinary team meetings for safeguarding took place as necessary and quarterly for palliative care. Care plans were routinely reviewed and updated during the meetings.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and social prescribing. Patients were then signposted to the relevant service.
- The practice participated in the social prescribing project in Doncaster. The GPs and practice nurses had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, housing or advice on debt.
- The practice held quarterly education sessions for patients and members of the PPG. Topics in the last year included social prescribing and befriending, common hand and eye consultant services for patients, bone and joint problems and the risks associated with addictive controlled drugs. Events were planned for this year.

The practice had a fail safe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was just above the CCG average of 82% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds were 96.7% to 100% and five year olds from 82.4% to 100%. Flu vaccination rates for the over 65s were 79% which was above the national average of 73%. At risk groups was 46% which was lower than the national average of 51%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and 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 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with seven patients and they 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 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with doctors and nurses. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 71% said the GP gave them enough time compared to the CCG and national average of 86%.
- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 67% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. This did not reflect what patients told us. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG of 84% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

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

Patient and carer support to cope emotionally with care and treatment

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

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

Staff told if families had experienced bereavement the GP or a member of the nursing team would contact 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. Other services involved in the care of the patient would also be notified.

Good

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. They had reviewed their opening hours following feedback from patients.

- The practice opened until 7.30pm on Tuesday evenings.
- Patients at Consibrough Medical Practice could also be seen at Mexbrough Medical Practice which offered extended opening hours. Appointments with the nurse prescriber were available on Monday and Wednesday evenings until 8pm at Mexborough. In addition practice nurse appointments were also available at Mexborough on Tuesday, Wednesday and Thursday evening until 8pm.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and interpretation services available.
- The lead GP at the practice is the president of the Association of Surgeons in Primary Care and performed minor surgery at the Askern Medical Practice or branch at Mexborough Medical Practice. Patients from Conisbrough could choose to have their minor surgery performed there.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. The practice opened until 7.30pm on Tuesday evenings. It closed on Thursday afternoons and calls to the practice diverted to the practice mobile telephone number and would be answered at either Askern or Mexborough Medical Practice. Appointments with a GP were available at various times from 9am to 11.30am and 2pm to 5pm. Appointments with the nurse prescriber were available all day Tuesday and Wednesday afternoons. Practice nurse appointments were available on Wednesday afternoons and Friday mornings. Patients could also be seen at Askern Medical practice and Mexborough Medical Practice. The practice opened every other Saturday morning at alternating sites for pre-booked GP appointments. 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. When the practice was closed, calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 54% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Patients told us appointments with GPs did not run to time but they did not mind waiting as they never felt rushed during their appointment and their needs were met.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. We saw information was available to help patients understand the complaints system in the practice leaflet, on the website and a notice in reception. We noted the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, they did not refer to the Parliamentary Health Service Ombudsman for people to refer to if they were not satisfied with their response. There was a designated responsible person who handled all complaints in the practice.

We were told the practice did not receive any written complaints in the previous 12 months.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The senior staff in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care. The lead GP had won the Mentor/Coach of the Year 2015 from NHS Health Education England Regional Leadership Recognition Award (Yorkshire and the Humber)for their work mentoring and coaching students applying to become healthcare professionals.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear 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 confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice told us they were one of the first practices in the Doncaster CCG area north west locality to register their patient participation group with the National Association of Patient Participation. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, obtaining a water dispenser for the waiting area.

The practice had also 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.