

# Dr John Davies

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr John Davies practice on 18 April 2016. The overall rating for the practice was requires improvement and the practice was rated inadequate for being safe. We undertook a focused inspection of the practice on 3 October 2016 and the practice was rated as requires improvement for being safe and well-led. The previous reports can be found by selecting the 'all reports' link for Dr John Davies on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This announced comprehensive inspection was undertaken on 3 April 2017. Overall the practice is now rated as good.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider should make improvements.

Importantly, the provider should:

# Summary of findings

- Review the process for checking emergency medicines to ensure all are reviewed weekly.
- Review the process for tracking blank computer prescription forms and pads to ensure it is in accordance with national guidance.
- Review the process for recording the actions taken in response to national patient safety alerts and medicines recalls.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The provider had reviewed the arrangements within the dispensary and a significant improvement had been demonstrated. We saw evidence standard operating procedures had been reviewed and cascaded to staff and were now embedded within the dispensary.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- A member of staff had started to act more recently as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They would accompany nursing staff on home visits to housebound patients and the visits. The visits were often timed around the staff members lunch break and would, with the patients permission, take their lunch with them and stay a little longer.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had implemented the 'The Herbert Protocol'. This had been 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 early access to information will help officers track missing people down quickly.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said 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.

# Summary of findings

- Information about how to complain was available. Evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

**Good**



# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice care co-ordinator offered support and advice of local services available.

### 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 disease management and patients at risk of hospital admission were identified as a priority. Those who were not able to attend the practice were reviewed in their own home.
- Performance for diabetes related indicators was 98.9% which was 13.7% above the CCG average and 9% above the national average.
- The practice followed up on patients with long term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, school nurses and sexual health services to support this population group. For example, the sexual health clinic offered clinics to patients registered at the practice and those from the surrounding area every week.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## 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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning and evening appointments were offered.
- 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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A member of staff had started to act more recently as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They would accompany nursing staff on home visits to housebound patients and the visits. The visits were often timed around the staff members lunch break and would, with the patients permission take their lunch with them and stay a little longer.

## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- All those patients diagnosed as living with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG and national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- All those patients with complex mental health issues had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 86% and the national average of 89%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



# Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia
- 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 early access to information will help officers track missing people down quickly.

# 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 higher than local and national averages. 233 survey forms were distributed and 119 were returned. This represented 3% of the practice's patient list.

- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, 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 17 CQC comment cards which were very positive about the standard of care received. We spoke with five patients during the inspection. All these patients told us they were happy with the care they received and thought staff were approachable, committed and very caring.

# Dr John Davies

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr John Davies

Dr John Davies, otherwise known as Kingswell Surgery, is situated within a converted residential building, with a purpose built extension, in the village of Penistone approximately nine miles from Barnsley. This is a dispensing practice which means that prescriptions are dispensed at the practice for patients who do not live near a pharmacy. The building has a small car park and disabled access. The practice provides care for 3,602 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area. The practice catchment area has been identified as one of the ninth least deprived areas nationally.

There are three GPs, two male and one female who are supported by one female practice nurse, two healthcare assistants, a practice manager and a team of administration, dispensing and reception staff.

The practice opening hours are;

- Monday 7.45am to 1pm and 2pm to 7pm.
- Tuesday 7.45am to 1pm and 2pm to 7.30pm.
- Wednesday 7.45am to 12 noon and is closed in the afternoon.
- Thursday 7.45am to 1pm and 2pm to 8pm.
- Friday 7.45am to 12 noon and 1pm to 4pm.

GP appointments are available;

- Monday 8am to 1pm and 2pm to 7pm.
- Tuesday 8am to 1pm and 2pm to 7pm.

- Wednesday 8.30am to 11.30am and closed in the afternoon.
- Thursday 8am to 1pm and 2pm to 8pm.
- Friday 8am to 11am and 1pm to 3pm.

The practice provides extended hours from 8am to 8.30am every morning except Wednesday and 6.30pm to 7pm Monday and Tuesday evenings and 6.30pm to 8pm on Thursday evenings. Patient telephone calls to the practice on Wednesday and Friday afternoons are answered by the practice's own GP on call.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required. When the practice is closed, services are accessed by calling the practice telephone number or NHS 111.

### Why we carried out this inspection

We undertook a comprehensive inspection of Dr John Davies practice on 18 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall with inadequate for providing safe services and requires improvement for being well-led. We also issued a warning notice to the provider in respect of providing safe care and treatment and informed them that they must become compliant with the law by 1 October 2016.

We undertook a follow up inspection on 3 October 2016 to check that action had been taken to comply with legal requirements. The practice was rated as requires improvement for providing safe and well led services. We identified regulatory breaches within the Health and Social

# Detailed findings

Care Act 2008 (Regulated Activities) Regulations 2014 during the October 2016 inspection. They were Regulation 12 Safe care and treatment and Regulation 17 Good Governance.

The full comprehensive report on the April 2016 and focused inspection in October 2016 can be found by selecting the 'all reports' link for Dr John Davies on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This announced comprehensive inspection of Dr John Davies on 3 April 2017 was carried out to ensure improvements identified at the October 2016 inspection had been made.

## 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 3 April 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, healthcare assistant, reception, administrative and dispensary staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the dispensary were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 3 April 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice and in the dispensary. For example, the practice reviewed the process for updating patient medications following discharge from hospital. Prescribers were reminded to record changes in the patient record when changing a patient's medication following a recommendation from another.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff told us the GPs would attend safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the practice nurse to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had undertaken training for the role in October 2016 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The healthcare assistant was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The practice had reviewed the arrangements for managing medicines within the dispensary since our last inspection. Medicines were dispensed at the surgery for people who did not live near a pharmacy and this was now managed appropriately. During our previous inspection we found the practice did not record controlled drugs adequately, effective stock checks were not performed and not all prescriptions were signed on the day they were dispensed.

## Are services safe?

During this inspection, dispensary staff showed us the reviewed standard operating procedures (SOPs) which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines). There was a system in place to ensure staff had read and understood them. Prescriptions were signed before being dispensed and there was a process in place to ensure this occurred.

There was a named GP responsible for providing leadership to the dispensary team. We saw records showing all members of staff involved in the dispensing process had received appropriate training and regular checks of their competency. Dispensary staff responded appropriately to national patient safety alerts and medicines recalls. However staff did not always keep records of the action taken in response to these. Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at practice meetings, and learning shared to prevent recurrence. A bar code scanning system was in use providing additional dispensing accuracy assurances.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard; access to them was restricted and the keys held securely. Balance checks of controlled drugs had been carried out regularly and there were appropriate arrangements in place for their destruction. We checked medicines and vaccines held in medicines refrigerators and found they were stored securely and were only accessible to authorised staff.

Expired and unwanted medicines were disposed of according to waste regulations. There was a procedure in place to check dispensary stock was within expiry date, and staff recorded when checks were made. There was a system in place for the management of repeat prescriptions, including those for high risk medicines, and we saw how this worked to keep patients safe. Staff routinely monitored prescriptions which had not been collected in accordance with the practice SOP.

Blank computer prescription forms and pads were stored securely and there was a system in place to track their use. However, it was not always possible to reconcile received and used prescription forms from the records we were shown.

We reviewed one personnel file for a staff member recruited since our last visit and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

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

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

## Are services safe?

- All staff received annual basic life support training.
- 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. There was a system in place to check these were fit for use. However, during the inspection we found two ampoules of adrenaline which had expired in November 2016 in a separate case available to nursing staff for when they administered vaccinations off site. We were shown evidence of stock checks up to October 2016. The form the checks were documented on

was updated in November 2016 and the section for the case checks missed off. We raised this with the member of staff responsible for the emergency medicines and these were appropriately disposed. Staff told us they had not used the case since November 2016. During the inspection staff printed off the updated check list to include the case and added this to the weekly schedule.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Each member of staff had a credit card size list of contacts to keep in their wallet or purse.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 16 April 2016 we rated the practice as good for providing effective services.**

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. However, the practice did not keep a log of actions taken in response to these guidelines.

### 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 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The exception reporting rate was 8% which was 1% lower than the CCG average and 2% below the national average. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99% which was 14% above the CCG average and 9% above the national average.
- Performance for the mental health related indicators was 88.5% which was 0.5% below the CCG average and 4.4% below the national average.

- The average number of hypnotic medicines prescribed was 0.14 prescribing units which was well below the CCG average of 1.35 prescribing units and the national average of 0.98 prescribing units.

There was evidence of quality improvement including clinical audit:

- There had been 6 clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. Three were in progress.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, monitoring the prescribing of antibiotics to ensure they were prescribed when clinically indicated. As a result the percentage of antibiotic items prescribed, (Cephalosporins or Quinolones) was 2.36%, which was lower than the CCG average of 2.79% and the national average of 4.71%.

In addition, GPs also completed peer record keeping reviews. They told us they found the results useful and identified areas for improvement whilst highlighting areas in which they performed well. It also formed the basis of further discussion at clinical meetings.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions and those acting as chaperones.
- 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 staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a clinical placement area for medical students. Staff were trained as mentors to support them during their placements at the practice.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals, when required. Care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice premises acted as a hub for other services to provide regular clinics to patients registered at the practice and those from the local area. Clinics held included:

- Health trainers held weekly clinics at the practice offering healthy life style advice.
- Diabetic eye screening clinics.
- Abdominal aortic aneurysm (AAA) screening.
- A pain clinic to offer a variety of treatments aimed at relieving long term pain.
- A sexual health clinic for adults and young people.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 78% to 97% and all five year olds received the Measles Mumps and Rubella vaccination one and two.

There was a policy to offer telephone or written 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There

## Are services effective?

(for example, treatment is effective)

were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

**At our previous inspection on 16 April 2016 we rated the practice as good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 64% and the national average of 73%.

In addition the practice had commissioned an external company to complete an annual patient satisfaction survey. The most recent survey of 112 patients in March 2017, which represented 3% of the patient population, demonstrated the practice continually scored highly and demonstrated improvement in all but one area since the previous survey in 2016. For example, scores relating clinical staff ability to listen had increased from 85% in 2016 to 92% in 2017. Confidence in the clinical staff members ability had increased from 86% to 92%.

### Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

## Are services caring?

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice's own survey demonstrated satisfaction with clinical staffs explanations had increased from 84% in 2016 to 91% in 2017. Satisfaction with the time for the consultation had increased from 86% to 91%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The NHS e-referral service was used with patients as appropriate. (NHS e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A new social prescribing initiative was being launched in the CCG area on the day of our visit. The practice had already identified patients who would benefit from the scheme and were liaising with them to consider referral.

A member of staff had started to act more recently as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They would accompany nursing staff on home visits to housebound patients and the visits. The visits were often timed around the staff members lunch break and, with the patient's permission, would take their lunch with them and stay a little longer.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a meeting or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 16 April 2016 we rated the practice as good for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice opened daily at 7.45am and until 7pm on Mondays, 7.30pm on Tuesdays and 8pm on Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- On line access for patients enabled appointments to be made and cancelled, repeat prescriptions ordered and allowed access to care records.
- 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 early access to information will help officers track missing people down quickly.

### Access to the service

The practice opened daily at 7.45am and until 7pm on Mondays, 7.30pm on Tuesdays and 8pm on Thursdays for working patients who could not attend during normal opening hours. GP appointments were available:

- Monday 8am to 1pm and 2pm to 7pm.
- Tuesday 8am to 1pm and 2pm to 7pm.
- Wednesday 8.30am to 11.30am closed in the afternoon.
- Thursday 8am to 1pm and 2pm to 8pm.
- Friday 8am to 11am and 1pm to 3pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Patients could also access weekday and evening appointments and weekend morning appointments with GPs and nurses at one of the two satellite hubs provided by the i-heart Barnsley service. Patient telephone calls to the practice on Wednesday and Friday afternoon were answered directly by the GP on call.

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

- 90% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 64% and the national average of 73%.
- 94% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 65% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 66%.

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

The practice own survey demonstrated satisfaction with obtaining an appointment had increased from 83% in 2016 to 88% in 2017 and satisfaction with the waiting time from 86% in 2016 to 91% in 2017.

The practice had a system to assess:

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

The GP would telephone the patient or carer in advance to gather information to plan the visit according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A notice was displayed in the waiting area and a summary of how to complain was in the practice information leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, staff reviewed the procedure for reviewing communication from other services following a complaint from a patient. The complaint was investigated and the procedure reviewed to prevent the same thing happening again. The updated procedure was shared with staff on an individual basis and at a practice meeting.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing being well-led as the arrangements in respect of the governance in the dispensary were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 3 April 2017. The practice is now rated as good for providing well-led services.**

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which most staff knew about and understood the values. Staff told us that the practice was committed to offering the best care possible for their patients. This was evident in the way that we observed staff interacting with patients and in the feedback we received from patients and staff.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had reviewed the overarching governance framework which supported the delivery of the strategy and good quality care, particularly relating to the dispensary. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and practice nurses had lead roles in key areas. For example, practice nurses took the lead for providing care to patients with long term conditions.
- Practice specific policies were had been reviewed and implemented and were available to all staff. These were updated and reviewed regularly which all staff contributed towards.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a schedule of when risk assessments were due for review and updating.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Following our last visit the provider had commissioned an external company to support the practice to improve the dispensary systems and processes. Staff commented this had been a positive experience and had enabled them improve the procedures.

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

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

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



# Are services well-led?

Good 

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

- The practice held meetings with district nurses and social workers to monitor vulnerable patients as necessary. Updates were captured within the patient notes. GP's, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the GPs and practice manager. 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 and staff. It proactively sought feedback, for example:

The practice had recently established a new patient participation group (PPG). They had a notice board in the entrance which included their pictures so patients could recognise them. The PPG planned to meet regularly and submit proposals for improvements to the practice management team.

An external company completed an annual patient survey and the practice acted on the comments received via the NHS Friends and Family test.

Staff provided feedback through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

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