The Ransome Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 the Ransome Practice on 22 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example,they were currently involved in the 'Gold Standard Framework in Primary Care, Silver Programme for End of Life Care'. They had identified the 1% of practice population in the last year of their life and were developing advanced care plans for these patients.
- In August 2015 staff identified they had a higher ratio of patients documented as having a fall. The practice value was 51.2 per 1000 people being admitted to hospital related to a fall compared to 40.5 per 1000 people for the CCG average. A protocol was developed to review patients at risk of falls which included a blood test to detect vitamin D deficiency, standing and sitting blood pressures checks, review of medication and follow up of patients discharged from hospital. Those with a deficiency were prescribed vitamin D supplements and were also referred to a specialist falls service run by the local community NHS trust. As a result, in August 2016, the number of patients admitted to hospital related to a fall fell to 41 per 1000 people which was just above the CCG average of 40 per 1000 people.
- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, patients and members of the group fed back they would like access to a female GP. The practice were in the process of recruiting a female GP to start the following month.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw some areas of outstanding practice:

- The partners and practice manager were committed to the continuing development of staff skills, competence and knowledge and was integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The partners fostered a learning environment to enable the practice to both develop and learn thereby support recruitment and retention. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff were supported to communicate compassionately and effectively with patients. The practice manager had compiled a list of helpful phrases to use when dealing with patients who may be distressed, needed reassurance or during bereavement. Staff told us they found the phrases particularly useful when speaking with patients over the telephone and also provided consistency in their approach.
- The patient participation group held monthly carer's afternoons at the practice to offer advice and support. The events were well attended and staff would contact known carers to inform them of the event if they had not attended the practice recently. Speakers were invited to attend to provide advice and support. For example, representatives from charities and local support groups to provide knowledge of services available in the local area. Patient participation group members and practice staff baked cakes and provided snacks for the events. Entertainment was also provided through quizzes, bingo and raffles. The events were well established and in excess of 30 people attended each month. The group told us they received overwhelming feedback from carers how it supported them to have engagement with others in similar situations and also to find out about what is happening in the local community.
- All patients with type II diabetes were cared for at the practice. A practice nurse and GP were both trained to initiate insulin medication if required. Patients told us the service offered was very good and informative and helped them manage their condition. They received regular check ups and it was also a benefit as they could access specialist care near to home and they did not have to travel to hospital which was six miles away.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice has 14% more patients with a long standing health condition registered at the practice compared to the local area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The partners and practice manager were committed to the continuing development of staff skills, competence and knowledge which was integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The partners fostered a learning environment to enable the practice to both develop and learn thereby support recruitment and retention.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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. The GP scores were slightly lower. However, staff explained a long standing popular GP partner had retired earlier in the year. A practice survey, in partnership with the patient participation group, completed in October 2016 where 64 responses (1% of the practice population) were returned demonstrated an improvement in patient satisfaction with GPs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff were supported to communicate compassionately and effectively with patients. The practice manager had compiled a list of helpful phrases to use when dealing with patients who may be distressed, needed reassurance or during bereavement. Staff told us they found the phrases particularly useful when speaking with patients over the telephone and also provided consistency in their approach.
- The patient participation group held monthly carer's afternoons at the practice to offer advice and support. The events were well attended and staff would contact known carers to inform them of the event if they had not attended the practice recently. Speakers were invited to attend to provide advice and support. For example, representatives from charities and local support groups to provide knowledge of services available in the local area. Patient participation group members and practice staff baked cakes and provided snacks for the events. Entertainment was also provided through quizzes, bingo and raffles. The events were well established and in excess of 30 people attended each month. The group told us they received overwhelming feedback from carers how it supported them to have engagement with others in similar situations and also to find out about what is happening in the local community.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

where these were identified. For example, they were currently involved in the 'Gold Standard Framework in Primary Care, Silver Programme for End of Life Care'. They had identified the 1% of practice population in the last year of their life and were developing advanced care plans to support these 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
- Same day appointments were available for those who needed them and staff would opportunistically perform health screening tests and administer vaccinations during one appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- In August 2015 staff identified they had a higher ratio of patients documented as having a fall. The practice value was 51.2 per 1000 people being admitted to hospital related to a fall compared to 40.5 per 1000 people for the CCG average. A protocol was developed to review patients at risk of falls which included a blood test to detect vitamin D deficiency, standing and sitting blood pressures checks, review of medication and follow up of patients discharged from hospital. Those with a deficiency were prescribed vitamin D supplements and were also referred to a specialist falls service run by the local community NHS trust. As a result, in August 2016, the number of patients admitted to hospital related to a fall fell to 41 per 1000 people which was just above the CCG average of 40 per 1000 people.
- The practice identified those patients who were housebound or may have problems getting to the surgery due to mobility or health problems and had no regular nursing input. Initially the practice identified 123 patients under this criteria. The practice nurse would review the patient in their home setting and compile a care plan and make referrals to other services if required. This initiative has been shared with other practices to implement and resulted in the practice seeing a reduction in the number of unplanned home visits requested by this group of patients.
- The practice had been commended by the CCG as one of the first in the area to complete administering the flu vaccine to their patients.

Summary of findings

- All patients with type II diabetes were cared for at the practice. A practice nurse and GP prescribed were both trained to initiate a patient on insulin if required. Patients told us the service offered was very good and informative and helped them manage their condition. They received regular check ups and it was also a benefit as they could access specialist care near to home and they did not have to travel to hospital.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- All these patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was working with four neighbouring GP practices closely to avoid unnecessary hospital admissions.

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 patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 2% above the local average and 9% above the national average. All patients with type II diabetes were cared for at the practice. A practice nurse and GP were both trained to initiate insulin medication if required. Patients told us the service offered was very good and informative and helped them manage their condition. They received regular check ups and it was also a benefit as they could access specialist care near to home and they did not have to travel to hospital which was six miles away.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Staff were currently involved in the 'Gold Standard Framework in Primary Care, Silver Programme for End of Life Care'. They had identified the 1% of practice population in the last year of their life and were developing advanced care plans for these patients.

Summary of findings

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 that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

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.
- The practice offered longer appointments for patients who needed them.
- Same day appointments were available for those who needed them and staff would opportunistically perform health screening tests and administer vaccinations during one appointment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The patient participation group held monthly carer's afternoons at the practice to offer advice and support. The events were well attended and staff would contact known carers to inform them of the event if they had not attended the practice recently. Speakers were invited to attend to provide advice and support. For example, representatives from charities and local support groups to provide knowledge of services available in the local area. Patient participation group members and practice staff baked cakes and provided snacks for the events. Entertainment was also provided through quizzes, bingo and raffles. The events were well established and in excess of 30 people attended each month. The group told us they received overwhelming feedback from carers how it supported them to have engagement with others in similar situations and also to find out about what is happening in the local community.
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Summary of findings

- 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 with dementia).

- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is just below the national average of 84%.
- 77% of patients experiencing long term poor mental health had an agreed care plan in place which was below the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and were trained as dementia friends.

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 above local and national averages for access. 279 survey forms were distributed and 119 were returned. This represented 2% of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all very positive about the standard of care received. Comments included 'all around excellent', 'staff sympathetic and always listen' and 'staff are very kind and caring'. One less positive comments reported a wait for a routine appointment.

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

The Ransome Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and a GP specialist adviser.

Background to The Ransome Practice

The Ransome Practice is located in Bentley on the outskirts of Doncaster and has two branch surgeries at Woodside Surgery, Woodside Road, Woodlands, Doncaster, DN6 7JR and Scawthorpe Clinic, Amersall Road, Scawthorpe, Doncaster, DN5 9PJ. They provide services for 6,056 patients under the terms of the NHS Personal Medical Services (PMS) contract. The practice catchment area is classed as within the group of the second most deprived areas in England. The practice has 14% more patients with a long standing health condition registered at the practice compared to the local area and 3% more patients whose working status is unemployed. The age profile of the practice population is similar to other GP practices in the Doncaster area.

The practice has two male GP partners, a male salaried GP and they are supported by two practice nurses, two healthcare assistants a practice manager, assistant practice manager and a team of reception and administrative staff.

The sites are open as follows:

- Woodlands site is open 8am to 6pm every weekday apart from Wednesday afternoons when it closes at 1pm. Calls to the site during this time are answered by a GP. Appointments with the GP were available until 7.30pm on Friday evenings.
- The Bentley site is open 8am to 6pm every weekday apart from Wednesday afternoons when its closes at 1pm. Calls to the site during this time are answered by a GP. Appointments with the GP are available until 7.30pm on Thursday evenings.
- The Amersall Road site was open 8am to 6pm every weekday apart from Thursday afternoons when the site closes at 1pm. Calls to the site during this time are transferred to the Woodlands site. Appointments with the GP are available until 7.30pm on Monday evenings.

Appointments are available with staff in the mornings and afternoons at each site. 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 is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice is located in three purpose built buildings with all patient facilities on the ground floor. There are a number of parking spaces available next to the practice and designated disabled parking spaces.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016. During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example,we were told the procedure for sharing concerns about patients with GPs was reviewed following a near miss. The practice identified there was no formal process for staff to share concerns with a GP. The process was reviewed and the practice manager produced a 'concerns form' for staff to formally record concerns on and pass to the GP. The GP could then document subsequent actions taken. The change in process was shared with staff at a staff meeting and cascaded to all staff following the meeting. The minutes were available on the practice computer system which was available to all staff at all sites.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted the hand turn taps in the treatment room at the Woodside and Scawthorpe sites were yet to be removed. The practice manager told us this would be followed up with the landlords.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had a recent fire risk assessment completed in November 2016 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted the legionella risk assessment certificate for the Woodside site had expired in August 2016. The risk assessment was completed in July 2015. The practice manager told us this would be reviewed. Staff were completing the actions identified in the legionella action report. For example, weekly flushing of all water outlets and the monthly checking of water temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty .

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan also included the criteria for Care Quality Commission (Registration) Regulations 2009: Regulation 18 where providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services including the disruption to services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available with 6.5% exception reporting which was 3% below the CCG and 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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 2% above the CCG average and 9% above the national average.
- Performance for mental health related indicators was 6% below the CCG average and 2% below the national average.
- The practice were one of the first in the area to pilot a detection of memory impairment tool. During August 2014 to January 2015 32 assessments were completed of which nine were referred and five diagnosed as living with dementia. Practice staff routinely use the tool now for memory impairment testing.

There was evidence of quality improvement including clinical audit. There had been six clinical audits completed in the last two years, two of which the second cycle was under way. Improvements were implemented and monitored and findings were used by the practice to improve services. Staff were committed to improve outcomes for patients through audit. For example, staff identified the antibiotic prescribing rate was high at the practice due to the increased number of patients with breathing problems. Antibiotics prescribed were audited and staff promoted self care guidance with patients and provided leaflets for common colds and coughs in adults. The practice had seen a reduction in the number of these medicines prescribed and the practice was currently 0.68% above the CCG and 0.2% above the national average for prescribing of these items.

Effective staffing

The partners and the practice manager were committed to the continuing development of staff skills, competence and knowledge and was integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The partners fostered a learning environment to enable the practice to both develop and learn thereby support recruitment and retention.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- Healthcare assistants were supported to develop their skills and undertake a diploma to provide additional services to patients. For example, heart traces and the use of a doppler to measure blood flow in limbs. The course also provided the minimum requirements for access to nursing degree courses or to work towards becoming an assistant practitioner.
- Reception staff were supported to undertake training for their role and also acquire additional skills to undertake blood pressure checks and urine testing. We were told how this supported the team, particularly when working at the branch sites.
- The assistant practice manager was currently undertaking a leadership and management course.
- The practice was a clinical placement area for nursing 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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. 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from practice nursing staff and a local support group.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.
- Patients with multiple long term conditions attended one appointment to review all of their conditions rather than attending for several appointments.

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

Good

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% with the CCG average 90% to 96% and five year olds from 90% to 98% compared to the CCG average of 88% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with two members of the patient participation group (PPG) and six patients. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. All of the 46 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said 'nothing is too much trouble, everyone listens' 'all staff are very kind and caring, the service is second to none', 'this is a brilliant surgery - thank you is an understatement' and 'the doctors make time for you, 'staff are patient - I hold them all in high esteem'.Relationships with patients were strong, caring and supportive.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

The scores from the national GP patient survey for GPs did not reflect what patients told us on the day of inspection. A long standing GP partner had retired from the practice in March 2016 and staff told us this had impacted the satisfaction scores with the GPs as they were using a long term GP locum, who was new to the patients when the survey was taken.

In view of the scores a practice survey, in partnership with the patient participation group, was completed in October 2016 where 64 responses (1% of the practice population) were returned and demonstrated an improvement in the National GP patient survey figures from July 2016. Several patients told us they had moved to other GP practices through house moves and due to their experiences elsewhere had re-registered at the practice because of the excellent care it provided.

- 98% of respondents reported the GP and listened to the patient fully.
- 98% reported the GP explained the patients medication or medical test thoroughly

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw several examples of person centred care provided from administrative staff and clinicians. The practice manager had compiled a list of helpful phrases to use when dealing with patients who may be distressed, needed reassurance or during bereavement. Staff told us they found the phrases particularly useful when speaking with patients over the telephone and also provided consistency in their approach.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

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.

Results from the national GP patient survey showed patients had mixed responses about their involvement in planning and making decisions about their care and treatment. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Results from the practices own survey reported 88% of respondents felt the GP provided information and support on how to improve a patients health. Following the survey, an action was identified for the GPs to meet and discuss how they offer support and information to patients. We were told this was currently in progress.

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.

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.

The notice boards in the waiting areas at all sites were arranged in themes with information specifically about carers, young people, heart disease, screening as well as more general information for patients to access. Members of the patient participation group assisted in checking the notice boards and keeping them up to date by removing any old literature and making sure new information was readily available.

The practice's computer system alerted GPs if a patient was also a carer. Following the inspection the practice shared with the commission they had 180 patients registered as carers, this represented 3% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Staff had identified they had not captured all of the carers within the patient record system. We were told this was currently under review. During consultations staff were checking with patient's if they had caring responsibilities and if so asking their permission to record it within the patient record system.

The patient participation group held monthly carer's and dementia support afternoons at the practice to offer advice and support. The events were well attended and staff would contact known carers to inform them of the event if they had not attended the practice recently. Speakers were invited to attend to provide advice and support. For example, representatives from charities and local support groups to provide knowledge of services available in the local area. Patient participation group members and practice staff baked cakes and provided snacks and donations for the raffle at the events. Entertainment was also provided through quizzes, bingo and raffles. The events were well established and in excess of 30 people attended each month. The group told us they received overwhelming feedback from carers how it supported them to have engagement with others in similar situations and also to find out about what is happening in the local community.

Staff often went above and beyond to impact on patients within the wider community. For example, they took place in sporting events and held raffles at the practice to raise funds for local and national charities.

The practice devised its own process to review all palliative care deaths. The aim of the review was to reflect on the end of life care provided to patients and support for their family and carers to identify whether improvements could be made. Staff told us that if families had experienced bereavement, their usual GP contacted them and would

Good

Are services caring?

send a sympathy card. This call was either followed by a consultation 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. A practice representative would also attend the funeral of patients well known to the practice.

People told us this was comforting to them. The practice also sent 'new arrival' cards to the mothers of all new born babies registered at the practice. This also contained services the practice offered and details of other local services.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They were currently involved in the 'Gold Standard Framework in Primary Care, Silver Programme for End of Life Care'. They had identified the 1% of practice population in the last year of their life and were developing advanced care plans for these patients.

- The practice offered evening appointments with the GPs until 7.30pm on Monday, Thursday and Friday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required them. Staff would opportunistically perform health screening tests and administer vaccinations during one appointment.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were assisted facilities, a hearing loop and access to interpretation services available at each site.
- All patients at risk of hospital admission were given a direct telephone number to the practice mobile telephone that would be answered as a priority. The number was given to patients on a card they could keep in their wallet or purse or by their telephone at home.
- In August 2015 staff identified they had a higher ratio of patients documented as having a fall. The practice value was 51.2 per 1000 people being admitted to hospital related to a fall compared to 40.5 per 1000 people for the CCG average. A protocol was developed to review patients at risk of falls which included a blood test to detect vitamin D deficiency, standing and sitting blood pressures checks, review of medication and follow up of patients discharged from hospital. Those with a deficiency were prescribed vitamin D supplements and were also referred to a specialist falls service run by the local community NHS trust. As a result, in August 2016, the number of patients admitted to hospital related to a fall fell to 41 per 1000 people which was just above the CCG average of 40 per 1000 people.
- The practice identified those patients who were housebound or may have problems getting to the surgery due to mobility or health problems and had no regular nursing input. Initially the practice identified 123 patients under this criteria. The practice nurse would review the patient in their home setting and compile a care plan and make referrals to other services if required. This initiative has been shared with other practices to implement and resulted in the practice seeing a reduction in the number of unplanned home visits requested by this group of patients.
- The practice had been commended by the CCG as one of the first in the area to complete administering the flu vaccine to their patients.
- All patients with type II diabetes were cared for at the practice. A practice nurse and GP were both trained to initiate insulin medication if required. Patients told us the service offered was very good and informative and helped them manage their condition and stay well. They received regular check ups and it was also a benefit as they could access specialist care near to home and they did not have to travel to hospital which was six miles away.
- Staff were all trained as dementia friends.

Access to the service

The sites were open as follows.

- Woodlands site was open 8am to 6pm every weekday apart from Wednesday afternoons when the site closed at 1pm. Calls to the site during this time were answered by a GP. Appointments with the GP were available until 7.30pm on Friday evenings.
- The Bentley site was open 8am to 6pm every weekday apart from Wednesday afternoons when the site closed at 1pm. Calls to the site during this time were answered by a GP. Appointments with the GP were available until 7.30pm on Thursday evenings.
- The Amersall Road site was open 8am to 6pm every weekday apart from Thursday afternoons when the site closed at 1pm. Calls to the site during this time were answered at Woodlands. Appointments with the GP were available until 7.30pm on Monday evenings.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Appointments available with staff in the mornings and afternoons at each site. 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly above local and national averages apart from satisfaction with opening hours which was just below.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 90% were able to get an appointment or see someone last time they tried compared to the CCG average of 83% and the national average of 85%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 2 years and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. The practice had not received any complaints in the last 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured there was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example GP partners took the lead in areas such as significant events, finance and safeguarding. Practice nurses had lead roles in long term condition review management, minor illness and end of life care.

Practice specific policies were implemented and were available to all staff on the shared network. We observed from other inspections, the practice manager shared copies of practice policy and procedures with other practices to assist them to develop their governance systems.

A comprehensive understanding of the performance of the practice was maintained and discussed at the practice meetings where a member of staff from each team attended. They would then feedback to others in their respective teams. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice commissioned an external agency to come into the practice and perform and review its processes to identify areas for improvement or action. The actions identified were then fed into a risk management matrix and reviewed as part of the practice business plans.

Leadership and culture

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

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

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

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 felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners 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 PPG met regularly, carried out patient surveys and submitted proposals for

Are services well-led?

Good

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

improvements to the practice management team. For example, patients and members of the group fed back they would like access to a female GP. The practice were in the process of recruiting a female GP to the practice to start the following month. Each month members of the patient participation group would spend time sitting in the waiting area at one of the sites speaking with patients. The purpose of this was to promote the sessions for carers and also canvass patients opinion of the practice. In the last 12 months the only less positive feedback received was there was a long wait to see a practice nurse of choice.

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

In October 2016 the practice were commended for the care provided to a patient with a communicable disease. The review identified excellent communication, action and management by the practice and liaison with other agencies involved.

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. They linked in with other practices in the area to improve care for those patients who were at high risk of admission to hospital and were in discussions about how to improve care for this group.