

Bawtry and Blyth Medical

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?

Requires improvement



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 Bawtry and Blyth Medical on 6 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We noted investigations of incidents did not include routine review of the relevant policy or procedure.
- Most risks to patients were assessed and managed. An infection prevention and control audit had not been completed in the last two years.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

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

The areas where the provider must make improvement are:

Summary of findings

- Ensure the controlled drugs register meets the requirements set out in The Misuse of Drugs Regulations 2001 (and subsequent amendments) and regular checks of stock completed and documented.

The areas where the provider should make improvement are:

- Review the incident reporting process to include review of relevant policy or procedure during the investigation process.
- Consider implementing a procedure to capture 'near misses' in the dispensary which contributes to the practice incident reporting process.
- Complete an infection prevention and control audit of the main surgery and branch and act in accord with the findings.
- Review the procedure for sharing medicine alerts with dispensary staff so they have sight of them and actions taken.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations did not review the relevant policy or procedure. Lessons learned were communicated enough to support improvement based on regular custom and 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 who used services were mostly assessed, however there were areas for improvement. For example, an infection prevention and control audit had not been completed. The controlled drugs register at Blyth did not meet the requirements set out in The Misuse of Drugs Regulations 2001 (and subsequent amendments).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes comparable compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example they were working with another practice to implement the primary care at home service.
- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- 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 we were told they had been identified for review.
- 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.

Summary of findings

- 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.

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.

- 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.
- All patients over the age of 75 years had a named GP.

Good



People with long term conditions

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

- Nursing staff all had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- The nursing team included specialist nurses in respiratory care and diabetes.
- Performance for diabetes related indicators was 7% below the CCG average and 1% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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 comparable to others locally 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG and lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations for patients who found it difficult to attend during normal working hours and could then be seen if required during extended hours opening.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 85%.
- Of those patients experiencing poor mental health, 89% had an agreed care plan in place compared to the CCG average of 93% and 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 living with dementia.
- The practice carried out advance care planning for patients with living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing comparably to local and national averages. 218 survey forms were distributed and 109 were returned. This represented 4% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 83% and a national average of 73%.
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 88% and national average 85%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, 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 44 comment cards which were positive about the standard of care received. Comments included 'very good service and very caring', 'staff listen and are very warm and friendly' and 'they go the extra mile to treat me'.

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

Bawtry and Blyth Medical

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector, a GP specialist adviser, two CQC pharmacists and an expert by experience.

Background to Bawtry and Blyth Medical

Bawtry and Blyth Medical is a dispensing practice with a main surgery based in Bawtry and a branch surgery in Blyth providing care for 2,738 patients in the Bassetlaw Clinical Commissioning Group (CCG) area. It provides services from purpose built premises with disabled access and a car park at Bawtry and a smaller building at Blyth. The practice catchment area has been identified as one of the third less deprived areas nationally.

The practice has two GP partners, one male and one female, and a part time male salaried GP. They are supported by two practice nurses, a practice manager and reception staff who are also trained to work in the dispensary.

The practice is open Monday to Friday from 8am to 6.30pm at Bawtry. The branch at Blyth is open from:

- 3pm to 5.30pm on Monday
- 5.30pm to 7.30pm on Tuesday
- 8.30am to 11.30am on Wednesday
- 8.30am to 11am on Thursday
- 9am to 11am on Friday

Appointments are available with GPs in the morning and afternoon every week day at Bawtry and on Monday, Tuesday and Thursday at Blyth. Appointments with

practice nurses are available at Bawtry on Monday, Tuesday, Wednesday and Friday and at Blyth on Thursdays. Extended hours appointments are offered from 6.30pm to 7.30pm at Blyth on Tuesday evenings.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Out of hours care is accessed via the surgery telephone number and listening to the message or calling the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on to the main surgery at Bawtry on 6 September 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurse and reception/dispensary staff) and spoke with patients who used the service.
- Observed how patients were communicated with and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We 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.

We were told the practice carried out an analysis of the significant events although the details of the investigations undertaken were not always captured on the incident reporting form or the relating policy or procedure reviewed. For example, we were shown a form reporting a delay in sending off a blood specimen. The form include details of the incident and how to prevent the same thing happening again to improve communication when specimens were left in the fridge. The incident did not refer to a procedure to follow in these circumstances or whether it had been reviewed. We asked staff if they had one and they told us everyone knew what to do. We saw evidence that lessons were shared at practice meetings to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All

medical and clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice could not evidence the date that reception and dispensing staff last attended training. Further training for this group was scheduled for October 2016. Staff we spoke with demonstrated they understood their responsibilities and could provide examples of when they escalated concerns to the safeguarding lead.

- 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 control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. An annual infection prevention and control audit had not been undertaken within the last two years and not all reception and dispensary staff had received up to date training. We noted soap dispensers were wall mounted, taps were operated by elbow leavers and there were no plugs in the sinks. In addition staff told us they had access to adequate supplies of personal protective equipment. A sink with a plug and handle turn taps had been identified for removal in the practice nurse room and reported to the landlord of the building. There was another sink for staff to use in this room which met the required standard.
- We reviewed arrangements for managing medicines at the Bawtry surgery. Medicines were dispensed at both the Bawtry and Blyth branch surgery for people who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered some basic aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, these were overdue a review in February 2014 and were limited in both scope and detail. Following the inspection the practice manager told us the SOPs had been reviewed recently but the dates documented had not been updated. We were told this has now been completed.

Are services safe?

- Prescriptions were signed by a prescriber before being dispensed and there was a robust process in place to ensure this occurred. We saw evidence of staff performing multidisciplinary roles whilst dispensing prescriptions, for example answering the telephone and staffing reception, which may increase the risk of errors due to frequent interruptions.
- We asked if there was a named GP responsible for providing leadership to the dispensary team. We were told the partners shared this responsibility. We saw records showing all members of staff involved in the dispensing process had received appropriate training, however there were no ongoing documented checks of their competency.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), but did not have a comprehensive SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. However, we found records did not accurately reflect the movement of controlled drugs between the Bawtry and Blyth surgery. In addition, the controlled drugs register at Blyth did not meet the requirements set out in The Misuse of Drugs Regulations 2001 (and subsequent amendments). Staff did not routinely check stock balances of controlled drugs to ensure the amounts held reflected what was recorded in the registers. There were appropriate arrangements in place for the destruction of controlled drugs.
- Expired and unwanted medicines were disposed of according to waste regulations. Staff did not routinely check stock medicines were within expiry date as recommended in current guidance, and there was no SOP to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. However, we found two uncollected prescriptions from May 2016, which had not been removed and the GP informed in accordance with the SOP. There was a system in place for the management of repeat prescriptions, including those for high risk medicines.
- Staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) which meant they would not be able to identify trends and patterns in frequent errors and implement mitigating actions. A number of significant incidents involving medicines had been recorded. The

practice had not acted to adequately investigate these incidents or review dispensing practices to prevent re-occurrence. We asked to see records relating to recent medicine safety alerts and were shown a list by the registered manager. The list was not shared routinely with dispensary staff.

- Blank prescription forms and pads were securely stored, however there were not systems in place to monitor their use as per NHS Protect Security of prescription guidance. The practice manager told us this had been addressed following the inspection and a system implemented. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a personnel file 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. We noted it did not identify who the local health and safety representatives were. The practice had up to date fire risk assessments and carried out regular fire drills. We noted there was an outstanding action from the last fire risk assessment completed on 27 July 2016. The action recommended appropriate signage to the doors of the rooms where the oxygen and nitrogen were stored. This was due to be completed by the end of September 2016 and we observed it had not yet been done. The practice manager has confirmed this has since been completed. We observed the nitrogen dewar flask was stored by the sink in the reception office. We fed this back to the registered manager on the day who has confirmed a risk assessment has been completed and it is stored now in a more appropriate area with signage on the doors.
- 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

Are services safe?

substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 and the dispensary.
- 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.

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 kept a log to record actions taken.

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 94.7% of the total number of points available with 9.8% exception reporting which was 2.8% below the CCG average and the same as 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 showed:

- Performance for diabetes related indicators was 7% below the CCG average and 1% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- The number of patients with a long term condition admitted to hospital in an emergency was 8% below the CCG average and 5% below the national average.

There was evidence of quality improvement including clinical audit.

There had been four clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored. The practice had participated in local audits,

national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring all diabetic patients were having regular reviews and prescribed appropriate medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant clinical staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of most staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had identified staff training as an area for improvement and was scheduling appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and facilitation and support for revalidating GPs. The practice manager started at the practice in October 2014 and was yet to have an appraisal. All other staff had received an appraisal within the last 12 months.
- Staff had completed basic life support and information governance training. The practice could not demonstrate fire safety awareness training for all staff and safeguarding training for reception/dispensary staff. This was arranged for October 2016.

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.

Are services effective?

(for example, treatment is effective)

- 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.
- A physiotherapist and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG and lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information 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 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 100% and five year olds from 81% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the 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 GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- All said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% 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%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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.

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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average and the national average of 86%.
- 91% 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%.
- 93% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- 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. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families experienced bereavement, their usual GP contacted them and a sympathy card would be sent. This call was either followed by consultation at a flexible time and location to meet the family's needs 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

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. The practice were working with others in the area to develop the primary care home approach to providing co-ordinated care to patients who receive various forms of community care. For example, working with another practice to develop the primary care at home service.

- The practice offered evening appointments with a GP at the Blyth branch on Tuesday evenings until 7.30pm.
- 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 those who needed them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm at Bawtry. The branch at Blyth was open from 3pm to 5.30pm on Monday, 5.30pm to 7.30pm on Tuesday, 8.30am to 11.30am on Wednesday, 8.30am to 11am on Thursday and 9am to 11am on Friday. Appointments were available with GPs in the morning and afternoon every week day at Bawtry and on Monday, Tuesday and Thursday at Blyth. Appointments with practice nurses were available at Bawtry on Monday, Tuesday, Wednesday and Friday and at Blyth on Thursdays. Extended hours appointments were offered from 6.30pm to 7.30pm at Blyth on Tuesday evenings. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had 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 within a practice leaflet.

We looked at five complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints action was taken to as a result to improve the quality of care. For example, staff had reviewed their communication style with a patient to identify areas for improvement. We noted the details of the Parliamentary Health Service Ombudsman (PHSO) were not routinely included in complaint response letters. People can complain to the PHSO if they believe there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.

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 statement of purpose which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Some of the practice specific policies implemented were out of date and overdue a review or had been reviewed and the dates not changed. For example, we were told the dispensary standard operating procedures had been reviewed but the date remained unchanged for review of February 2014. The practice manager told us they were in the process of reviewing and updating all of the practice policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained.
- 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.

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 improvements to the practice management team. For example, the group are actively involved in planning of the annual flu campaign and engaging with patients to raise awareness of the vaccination.

The practice had gathered feedback from staff through 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure the controlled drugs register met the requirements set out in The Misuse of Drugs Regulations 2001 (and subsequent amendments) as regular checks of stock was not completed and documented.</p> <p>This is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (1) (2) (g)</p>