Dr Naranammalpuram Srinivasan

Quality Report

The Surgery
York Road
Rotherham
South Yorkshire
S65 1PW
Tel: 01709 836 290
Website: www.yorkroadgpsurgery.co.uk

Date of inspection visit: 3 June 2015
Date of publication: 15/10/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The York Road Surgery on 3 June 2015. Overall the practice is rated as good.

Specifically we rated the practice as good in providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure Disclosure and Barring Service checks are carried out for staff within the practice.
- Ensure curtains around treatment room couches are laundered in line with national guidance and a record of when this is carried out.
- Continue with their efforts to establish a patient participation group.

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 were enough staff to keep patients safe. Staff understood and fulfilled their responsibilities to raise concerns, to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were effective processes in place for safe medicines management.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed, care planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of annual appraisals and staff had received training appropriate to their roles. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Care planning templates were available for staff to use during consultation. Information to help patients understand the services was available and easy to understand. We saw staff treated patients with kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and the Rotherham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a preferred GP, there was continuity of care and urgent appointments were 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 in the practice waiting area. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy and staff were clear about their roles and

Summary of findings

responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. Staff received induction, performance reviews and attended staff meetings.

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. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. All patients over 75 years of age had a named GP and were offered an annual health check. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron.

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 diabetic care and respiratory care. Patients could access insulin initiation at the practice, this meant patients were able to access services locally rather than attending an appointment at the hospital.

The practice were involved in the Long Term Conditions Case Management Local Enhanced Service and had care plans in place for 160 people, this ensured people had regular reviews on a quarterly basis.

Longer appointments and home visits were available when needed. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Patients registered with the practice could access pre-conception and post-natal advice. The practice had a weekly ante-natal clinic run by the midwife.

The practice allowed young people to access an appointment with the GP or nurse alone if they were considered capable of understanding the choice of treatments. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

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

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. An alert was added to the practice clinical system to ensure all staff accessing the system were aware of any concerns.

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. The practice offered annual health reviews, longer appointments and home visits as needed for all patients who had poor mental health or dementia.

GPs within the practice actively screened for dementia and patients identified with dementia are referred to memory services.

The practice has an in-house counselling service which is provided by Rotherham, Doncaster and South Humberside (RDASH) NHS Trust staff.

Summary of findings

What people who use the service say

We received 36 completed CQC patient comments cards where patients and the public shared their views and experiences of the service. We also spoke with five patients on the day of our inspection.

The patients who had completed the CQC comments cards and those spoken with were complimentary about the level of care and treatment they had received. Seven of the comments cards gave negative feedback. We reviewed these and found there to be a theme around accessing appointments, however these related to same day appointments and weekend appointments.

The patients we spoke with told us they were always treated with dignity and respect. They felt all the staff at the practice took time to listen to them and involved them in decisions about their care. They told us there was no problem getting an appointment with the practice; however, they sometimes had to wait for a period of time after arrival at the practice. This ranged between ten to thirty five minutes but patients told us this was always down to a good reason such as a medical emergency.

Areas for improvement

Action the service SHOULD take to improve

- Ensure Disclosure and Barring Service checks are carried out for staff within the practice.
- Ensure curtains around treatment room couches are laundered in line with national guidance and a record of when this is carried out.
- Continue with their efforts to establish a patient participation group.

Dr Naranammalpuram Srinivasan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor and a Practice Nurse Specialist Advisor.

Background to Dr Naranammalpuram Srinivasan

Dr Naranammalpuram Srinivasan operates from The York Road Surgery in the inner city area of Rotherham. The practice serves a population of approximately 4,827 patients.

The practice operates from a two-storey, purpose built property, with all patient services been provided on the ground floor.

At the time of our inspection the service was provided by one Principal GP partner (male) and five sessional GPs (three female and two male). Working alongside the GPs are two practice nurses and a health care assistant/ administrator. The clinical team are supported by a practice manager, a medical secretary and four receptionists.

The practice has a Personal Medical Services (PMS) contract. This is the contract between general practices and NHS England for delivering services to the local community.

The York Road Surgery opens from 8am to 6.30pm Monday to Friday with extended hours being provided between 6.30pm and 8pm on Monday evenings and 6.30 to 7.30pm on Tuesday evenings. The practice offers a range of book on the day and pre-bookable appointments during these hours.

A wide range of services are available at the practice and these include: a shared care drugs service, alcohol screening and chlamydia screening.

Why we carried out this inspection

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. This 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.

Please note 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 Care Quality Commission (CQC) at that time.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England local area team and Rotherham Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced inspection at York Road Surgery on 3 June 2015. During our inspection we spoke with staff including two GPs, a practice nurse, the practice manager and a member of the reception team.

We spoke with five patients on the day of our visit and we observed how patients were being spoken with on the telephone and within the reception area. We also reviewed 36 CQC comment cards where patients had shared their views and experiences of the practice.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. These included reported incidents, national patient safety alerts, clinical audits, comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and saw evidence in minutes of clinical meetings where these were discussed. This showed the practice had managed these consistently and could demonstrate a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of four incidents that had occurred during the last 12 months and saw this system was followed appropriately. Significant events and incidents were standing items on the practice meeting agenda. There was evidence the practice had learned from these and the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Incidents were reported to the practice manager in the first instance who would then complete the relevant documentation.

Significant events were reported directly by the staff member involved. The forms to do this were stored electronically on the computers shared drive and were accessible to all staff. These were then shared with Rotherham Clinical Commissioning Group (CCG) to enable themes to be identified across the locality.

We spoke with a GP and the practice manager who were able to give examples of incidents that had occurred and the lessons learned as a result of this. For example; an incident had occurred where there had been some confusion regarding vitamin D prescribing. As a result of this the practice had contacted the CCG medicines management team for further support. A map of medicine form was set up on each computer and all staff now referred to this when prescribing vitamin D.

National patient safety alerts were received by the practice nurse and the practice manager. These were then reviewed and where relevant, printed off and discussed at the practice meeting.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all staff had received relevant role specific training on safeguarding. Staff we spoke with were aware of their responsibilities and knew how to share information, record safeguarding concerns and how to contact the relevant agencies in both working hours and out of hours. Safeguarding policies, procedures and the contact details of relevant agencies were available and easily accessible for all staff.

The practice had a designated GP lead in safeguarding vulnerable adults and children, who had completed level three safeguarding training. All staff we spoke with were aware of who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system in place to highlight vulnerable patients on the practice's electronic record. The practice held multidisciplinary meetings with other professionals, such as the health visitor, to discuss concerns and share information about children and vulnerable patients registered at the practice.

There was a chaperone policy and notices in the reception area highlighted this to patients'. Nurses performed chaperone duties when possible. If they were not available due to clinical commitments, the reception staff chaperoned the patient. The practice had carried out Disclosure and Barring Service (DBS) risk assessments for all reception staff. We spoke with the practice manager who told us reception staff had received chaperone training from a GP within the practice and were booked to attend formal training in August. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

Medicines management

Good

Are services safe?

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This described the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. We spoke with a practice nurse who told us medicines were checked on a monthly basis. However, there was no log of checks having been undertaken.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. These were stored on the practices shared computer drive. We were able to review these and saw there were PGD's for various vaccines. For example; childhood immunisations and travel vaccinations

There was a repeat prescribing protocol in place. Requests for repeat prescriptions were taken in person at the reception desk, by post or via the internet. We spoke with the practice manager who told us requests for repeat prescriptions over the telephone were restricted to housebound patients. All prescriptions were reviewed and signed by a GP before they were issued to the patient.

We spoke with a member of the reception team who told us the checks undertaken by staff prior to dispensing a prescription. They told us all prescriptions were signed for by whoever collected them, including the patient themselves. This information was recorded in a daily log with patient name, number of prescriptions, signature of person collecting and relationship to patient, or pharmacy name. We were able to review this during our inspection.

Cleanliness and infection control

We found the premises to be clean and tidy. We saw there were cleaning schedules in place and records were kept. Patients we spoke with told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

We saw there were washable curtains around the couches in the treatment rooms. We spoke to the practice manager who told us these were laundered annually. However, there was no documented record of this.

There was a policy in place for the management, testing and investigation of legionella (a bacterium found in the environment which can contaminate water systems in buildings). We saw records which confirmed the practice carried out appropriate checks. The last assessment had been completed in September 2014, with the next assessment being required in 2016.

An infection prevention and control (IPC) policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Personal protective equipment (PPE) including disposable gloves and aprons were available for staff to use. Hand washing sinks with hand soap, antibacterial gel and hand towel dispensers were available in treatment rooms.

We reviewed training records and saw staff had received appropriate infection control training. The practice also had a dedicated clinical lead for infection control who could support staff with infection control issues.

Equipment

We saw equipment was available to meet the needs of the practice and this included a defibrillator which was readily available for use in a medical emergency. Routine checks had been carried out to ensure they were in working order.

We saw, portable appliance testing had been completed annually and systems were in place for routine servicing and calibration of medical equipment where required. The sample of portable electrical equipment we inspected had been tested and was in date.

Staffing and recruitment

The practice had a recruitment policy which set out the standards it followed when recruiting clinical and non-clinical staff. This outlined the checks that would be undertaken prior to formalising the offer of employment. For example; proof of identity, references and a Criminal Records Bureau check. CRB checks have now been replaced by Disclosure and Barring Service (DBS) checks.

We spoke with the practice manager who told us no recruitment had taken place since 1 April 2013. We looked at two staff files and saw some recruitment checks had been undertaken. For example; a disclosure and barring service (DBS) risk assessment, references and confirmation of Nursing and Midwifery Council registration.

Good

Are services safe?

We looked at one clinical file and saw this did not contain a DBS check. We spoke to the practice manager who told us they were in the process of carrying out DBS checks for all members of staff within the practice. We saw appropriate forms had been obtained for staff to complete.

Staff told us about the arrangements for planning and monitoring the number of staff required by the practice to meet the needs of patients. There were arrangements in place for members of staff to cover each other's annual leave and sickness. They told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep the patients safe.

We spoke with the practice manager and a GP who told us they had struggled to recruit to the post of GP partner or salaried GP. In order to maintain continuity of care and access for patients, there were five sessional GPs working regular sessions at the practice. The sessional GPs worked the same sessions each week so these appointments were available for patients to book in advance. The sessional GPs worked in other local practices or had trained in the local area so were aware off Rotherham protocols. The practice manager confirmed she had seen all relevant documentation including DBS checks and confirmation of registration with the General Medical Council prior to the sessional GPs working at the practice.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment and dealing with emergencies.

We were able to review some of the risk assessment undertaken by the practice and these included fire and window blind assessments. Each risk was assessed, rated and mitigating actions recorded to reduce and manage risk. We were told any identified risks were discussed at practice meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed staff had received training in basic life support. Emergency equipment was available including access to an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff they knew the location of this equipment and how to use it.

A business continuity plan was in place to deal with a range of emergencies which may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We found from our discussions with the GPs and nurses' staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GP and practice nurse told us they led in specialist clinical areas such as diabetes, heart disease and asthma. This allowed them to focus on specific conditions.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

There were multiple clinics to meet the needs of the practice population. These helped to ensure each patients' condition was monitored and their care was regularly reviewed.

The practice had registers for patients needing palliative care, diabetes, asthma and chronic obstructive pulmonary disease (COPD). This helped to ensure each patient's condition was monitored and their care was regularly reviewed. Additionally, regular palliative care meetings were held and they included other professionals involved in the individual patient's care.

Staff at the practice told us they promoted health initiatives during consultations with patients'. We noted health promotion information available in practice waiting areas.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in how they monitored and improved outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits and other improvements to the service.

Information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used to monitor outcomes for patients. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. The practice achieved 93.1% of the total QOF target in 2014, this was slightly lower than the national average of 94.2%. However, the practice had performed above national and CCG average in many areas including:

- Asthma related indicators
- Cancer related indicators
- Dementia related indicators

The practice had a system in place for completing clinical audit cycles. Examples included; an audit of cervical smears and referral to the memory clinic audit.

The memory clinic audit reviewed referrals to the memory clinic from January to June 2014 to determine whether appropriate assessments had been carried out prior to referral. The first audit cycle identified the practice did not achieve the agreed standard of 100%. As a result the practice introduced paper copies of the Bristol Activities of Daily Living questionnaire to be handed to patients and their carers for completion. This ensured all relevant information would be obtained prior to referral. A second audit cycle was carried out from July to December 2014 and this demonstrated the practice had met the standard.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw all staff were up to date with attending mandatory courses such as annual basic life support.

GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

We saw evidence some staff undertook annual appraisals but the practice manager did not have an appraisal. We discussed this during our inspection and were advised these would now be introduced.

Good

Are services effective?

(for example, treatment is effective)

We spoke with a receptionist who told us they had received induction training when starting the practice. They told us they felt supported to carry out their role when left unsupervised and always had access to support when necessary.

Working with colleagues and other services

We saw evidence practice staff worked with other services and professionals to meet patients' needs and manage complex cases. Multidisciplinary meetings were held to discuss patients on the palliative care register and those at risk. The QOF data showed these meetings were held at least three monthly and all patients on the register were discussed.

The lead GP and practice manager were elected representatives on the relevant committees for the local Clinical Commissioning Group (CCG).

The practice had systems in place to manage information from other services, such as hospitals and out of hours services (OOH). Staff were aware of their responsibilities when processing discharge letters and test results.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider to enable patient data to be shared in a secure and timely manner.

Staff used an electronic patient record to co-ordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from the hospital, to be saved in the system for future reference.

Electronic systems were in place for making referrals which, in consultation with patients, could be done through the Choose and Book system. The Choose and Book system is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in hospital.

We saw the practice website was used to provide patients with information. For example; patient survey results. Patients could also request repeat prescription via the website.

Consent to care and treatment

We found the healthcare professionals understood the purpose of the Mental Capacity Act (2005) and the Children Act (1989) and (2004). All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

They also spoke with confidence about Gillick competency assessments of children and young people, which were used to check whether these patients had the maturity to make decisions about their treatment.

Health promotion and prevention

All new patients were required to complete a new patient registration form and attend a medical appointment with the health care assistant. This was to ensure any existing health issues or medication requirements were identified and managed.

All patients over 75 years had a named GP and received an annual health check. Patients with a long term condition (LTC) or mental illness had an annual review of their treatment, or more often where appropriate.

A GP and the nursing team led on the care and management of LTCs at the practice. They proactively gathered information on the types of LTC patients presented with and had a clear understanding of the number and prevalence of conditions being managed by the practice.

The practice was involved in a number of local initiative's including the LTC Care Management programme. Staff told us the programme reviewed those patients' aged 75 and over and introduced care management plans. As part of the programme those patients selected were invited to a four monthly review of their LTC.

Additional clinics and services were available for patients. These included Chlamydia screening, alcohol screening and insulin initiation. This had the benefit of providing local, accessible services for patients.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comments cards to tell us what they thought about the practice. We received 36 completed cards and the majority were positive about the service experienced. Patients' reported the practice offered an excellent service and they were always treated with dignity and respect by staff. Seven of the comment cards we received related to issues with accessing appointments rather than the care provided.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National Patient Survey (January 2015). For example;

- 82% said the last GP they saw or spoke to was good at giving them enough time (compared to the National average of 87%)
- 91% said the last nurse they saw or spoke to was good at giving them enough time (compared to the National average of 92%)

We spoke with five patients on the day of our inspection. They told us they were extremely satisfied with the care provided by staff at the practice and said their privacy and dignity were respected.

Staff were familiar with the steps they needed to take to protect people's dignity. There was an electronic booking system for those who did not wish to announce their name to reception staff.

There were rooms available for patients who required a conversation with reception staff in private and a notice in reception advising patients of this.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 86% had confidence and trust in the last GP they saw or spoke to
- 80% say the last nurse they saw or spoke to was good at involving them in decisions about their care

These figures were below the CCG and national averages in these areas. However, the patients we spoke with on the day of our inspection told us health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us translation services were available for patients who did not have English as a first language. This was provided by staff within the practice and through language line.

We spoke with the practice manager who told us patients with COPD had a section within their care plan which included the prescribing of anticipatory medication to help deal with their condition should it worsen.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80.5% and national average of 78%.
- 97% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 87.3% and national average of 85.5%

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

We spoke with the practice manager who told us a note was added to the clinical system when a patient passed away to ensure all staff were aware of the bereavement when in contact with family members. The practice would

Good

Are services caring?

contact other services involved in the care of the patient to ensure all planned appointments were cancelled and, where required, would refer the family of the bereaved to the in-house counselling service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the practice was the main GP provider for two care homes in the local area and the majority of patients living in the care homes had a learning disability or autism. The practice carried out regular reviews for these patients and liaised with the home managers and learning disabilities team for best interest decisions. Staff within the practice had undertaken learning disabilities training.

The practice held a weekly shared care drugs service to provide patients registered with the practice with methadone. This enabled patients to access medication at the practice rather than travelling to a dedicated clinic.

Patients registered with the practice could access pre-conception and post-natal advice. The practice had a weekly ante-natal clinic run by the midwife.

The Health Visitor held a baby clinic every Wednesday afternoon. This was for baby checks and immunisations. The GP and practice nurse made sure they had appointments available during this clinic to treat any babies with any symptoms of illness.

GPs within the practice actively screened for dementia and patients identified with dementia were referred to memory services.

The practice hosted an in-house counselling service which was provided by Rotherham, Doncaster and South Humberside (RDASH) NHS Trust staff. This enabled patients to access services locally.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with a learning disability. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. Staff within the practice also spoke a number of languages including Urdu, Hindi, and Punjabi. We spoke with the GP who told us he had been learning Slovak for the last two years to assist with communication during consultations as nine percent of patients were Eastern European.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties. There were access enabled toilets and at the time of our inspection the practice manager had purchased baby changing facilities which were to be installed. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The surgery was open from 8.00am to 6.30pm Monday to Friday with a range of appointments being offered between 8.30am until 12.30pm and 2pm until 6.30pm. In addition, the practice offered extended hours appointments from 6.30pm to 8.00pm on Monday evenings and from 6.30pm to 7.30pm on Tuesday evenings.

Patients were able to access book on the day appointments, book in advance appointments, telephone appointments and emergency appointments. Home visits were offered for patients who needed it.

Longer appointments were available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Regular home visits were made to two local care homes by a named GP and to those patients who needed one.

Young people could access an appointment with the GP or nurse alone if they were considered capable of understanding the choice of treatments.

Information about how to access appointments was available to patients via the practice leaflet, and in the practice. There were also arrangements to ensure patients received urgent medical assistance

Good

Are services responsive to people's needs?

(for example, to feedback?)

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 76.4% were satisfied with the practice's opening hours. This was in line with the CCG average of 76.4% and better than the national average of 75.4%.
- 75.9% described their experience of making an appointment as good compared to the CCG average of 74.2% and national average of 73.8%.
- 81.2% said they could get through easily to the surgery by phone compared to the CCG average of 72.5% and national average of 71.8%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice.

Listening and learning from concerns and complaints

The practice had a 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 information was displayed in the waiting area, advising patients how to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We spoke with the practice manager who told us no complaints had been received by the practice in the last 12 months. However, we were able to review complaints which had been directed to NHS England and saw the practice had acted within appropriate timescales and provided full responses.

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. Staff we spoke with told us patient care was the top priority.

There was an established management structure within the practice. The GP, practice manager and staff were clear about their roles and responsibilities and the vision of the practice. The GP and practice manager were both nominated representative on the local Clinical Commissioning Group committees and were committed to the delivery of a high standard of service and patient care.

Staff spoke positively about the practice, told us there was good teamwork and they felt valued as employees.

Governance arrangements

The practice had management systems in place. They had appropriate policies to govern activity, which incorporated national guidance and legislation. These were easily accessible for staff.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was achieving good results, despite being slightly lower than the CCG and national average.

Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles. For example, there were leads for infection prevention and control and safeguarding children and adults. The staff we spoke with all understood their roles and responsibilities and knew who to go to in the practice with any concerns.

Staff told us there was an open door culture within the practice and all members of the management team were approachable, supportive and appreciative of their work. There was a proactive approach to incident reporting and a 'no blame' culture was evident at the practice.

Staff spoke positively about the practice and how they worked collaboratively as a team and with other health professionals in meeting the needs of patients.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The practice also participated in the NHS friend and family test and information was available in the practice.

The practice did not have an active patient participation group (PPG), despite making numerous attempts to encourage patients to form a group. However, staff received feedback from patients and had made changes to the practice as a result of feedback. For example; changes had been made to the reception desk to improve patient confidentiality.

We spoke to the practice manager who told us establishing a PPG was a priority for the practice in 2015.

Management lead through learning and improvement

We saw there was a system in place for staff appraisals and staff had mandatory training and additional training to meet their role, specific needs. Mandatory training included: safeguarding vulnerable adults and children and cardio pulmonary resuscitation training (CPR). The practice had clear expectations of staff attending refresher training and this was completed in line with national expectations. Staff we spoke with told us they felt supported to complete training and could request additional training which would benefit their role.

The practice had completed reviews of significant events and other incidents and shared the information at staff meetings to ensure the practice improved outcomes for patients. We saw evidence of this in minutes of meetings and logs of events.