Saint Vincent Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 Saint Vincent Practice on 13 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.
- Risks to patients were assessed and well managed.
- 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 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.

We saw areas of outstanding practice:

- The practice had developed a clinical Care Co-ordinator role to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The Care Co-ordinator would meet with the patient at their home or at the practice to review their health and social circumstances, with their carers present when relevant. The Care Co-ordinator was supported by a GP, a nursing assistant and an administrator. Since inception in October 2014, 281 patients had been reviewed by the Care Co-ordinator service. Feedback

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from patients was extremely positive. The number of patients with a long term condition admitted to hospital as an emergency was 2% lower than the CCG average of 19%.

- The premises had been assessed as a safe area for those whose circumstances may make them vulnerable for patients registered with the practice and from the local area. Some people used the practice address as a point of contact for written communication from hospital and social care services. Mail would be delivered to the practice and kept for the person to pick up.
- Where changes to a policy or procedure were made as a result of a complaint, the complainant was invited back into the practice to be appraised of the improvements. This provided the complainant with the opportunity to review the new policy or procedure and provide further comment whether the changes implemented would prevent the same thing happening again.
- The practice facilitated a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Topics included living with dementia, social prescribing, cancer care and healthy eating. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.

The areas where the provider should make improvement are:

- Review the Resuscitation Council UK Quality standards for checking cardiopulmonary resuscitation equipment and implement a weekly checking regime.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice was accredited as research active and currently undertaking three clinical trials.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care. A practice survey demonstrated high levels of satisfaction with staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

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- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice held regular meeting with community nursing staff to co-ordinate care for patients.
- There are innovative approaches to providing integrated patient-centred care. For example, the Care Co-ordinator reviewed those patients admitted to hospital, who attended accident and emergency regularly or used other services frequently. They would meet with the patient at their home or at the practice to review their health and social circumstances, with their carers present, when appropriate.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, providing feedback and suggestions to improve the telephone system.
- Patients can access appointments and services in a way and at a time that suits them.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. People who complained were invited back to the practice following their feedback so improvements could be shared with them.

Are services well-led?

Good 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice facilitated a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Topics included living with dementia, social prescribing, cancer care and healthy eating. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- All older patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Named GP's took the lead for the nursing and residential homes allocated to the practice. The Care Co-ordinator and the healthcare assistant held a clinic at each of the home incorporating long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record. The named GP would visit as required.

People with long term conditions

Good

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority. The Care Co-ordinator would follow up those patients who were admitted to hospital or attended accident and emergency.
- Performance for diabetes related indicators was 3% below the CCG average and 4% 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.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and 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 midwifes and health visitors.

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 reflected 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 homeless people and those with a learning disability.
- The practice offered longer appointments for those who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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- Staff knew how to recognise signs of abuse in vulnerable 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.
- The premises had been assessed as a safe place for adults with a learning disability to go to when they were out and about in Doncaster if they felt unsafe or unwell. Others used the practice address as a point of contact for written communication from hospital and social care services. Mail would be delivered to the practice and kept for the person to pick up.
- The practice facilitated a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Topics included living with dementia, social prescribing, cancer care and healthy eating. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.

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).

- All patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Of those with poor mental health, 99% had a comprehensive care plan in place which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff were trained dementia friends.
- The practice facilitated a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local

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community. Topics included living with dementia, social prescribing, cancer care and healthy eating. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.

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What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was mostly performing above local and national averages. 274 survey forms were distributed and 117 were returned. This represented 0.7% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were positive about the standard of care received. Comments included 'very helpful caring, staff', 'wonderful service' and 'staff listen and very thorough'. Three were less positive relating to online access, some staff were less helpful and reminders for annual reviews not always being sent..

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

Saint Vincent Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and included a second CQC inspector, an expert by experience and a GP specialist adviser.

Background to Saint Vincent Practice

Saint Vincent practice is located on the outskirts of Doncaster town centre. It has a branch surgery at the Hollybush Health Centre in Edenthorpe on the outskirts of Doncaster. The practice provides services for 14,739 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fourth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has eight GP partners, two female and six male. They are supported by a care-coordinator and senior nurse, two advanced nurse practitioners, six practice nurses, five healthcare assistant, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Evening appointments are offered with all staff on Wednesday until 7.30pm at the Thorne Road site and from 7am on Thursday mornings. Appointments are available with all staff at the Hollybush site from 7am on Thursday mornings for working patients who could not attend during normal opening hours.

A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments ware also available for people that need them.

When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

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 13 September 2016. During our visit we:

- Spoke with a range of staff (GPs, the Care-Co-ordinator, practice nurses, practice manager, administrative and reception staff) and spoke with patients who used the service.

Detailed findings

- Observed how staff interacted with patients and talked with patients, carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident the practice reviewed the procedure for following up referrals to other services to ensure the patient was offered an appointment and/or seen.

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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices in waiting areas and in treatment rooms 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 teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted there were plugs in the sinks in some of the treatment rooms. This was identified within the infection prevention and control audit. The practice manager told us this would be reviewed and plugs removed as per Department of Health guidance Health Building Note 00-09: Infection control in the built environment (2013). Hand turn taps in the practice nurse room had been identified at the branch surgery to be replaced. We were shown evidence this had been reported to the landlord of the building to be actioned. We also noted the plinths under the cupboards in the room had cracks in and the surface was peeling.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. The practice did not have a procedure to track prescriptions through the practice in accordance with NHS Protect Security of prescription form guidance. The practice

manager told us this would be immediately reviewed and a system implemented. Two of the advanced nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Nursing assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The Thorne Road surgery had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The branch surgery premises at Edenthorpe were leased from NHS Property services. We noted documented regular fire safety checks of equipment and the evacuation route were regularly checked from August 2016. We were told a new contractor had been assigned to the building by the landlord and prior to this checks were not regularly performed. The practice manager has since confirmed this issue has been addressed with the contractor to ensure regular checks continue.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty .

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We noted the equipment was checked monthly. The Resucitation Council UK Quality standards for cardiopulmonary resuscitation practice and training in GP practice recommend at least weekly checking of equipment.
- 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 utility companies.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through random sample checks of patient records. We were told a log of action taken was not kept.

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 96.8% of the total number of points available with 8.1% exception reporting. (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 3% below the CCG average and 4% above the national average.
- Performance for mental health related indicators was 4% above the local average and 7% above the national average.
- Performance for dementia related indicators was 9% below the local average and 5% below the national average.
- Performance for depression related indicators was 14% below the local average and 11% below the national average.
- The number of patients with a long term condition admitted to hospital as an emergency was 2% lower than the CCG average of 19%.

Staff had identified areas for review particularly around dementia and depression for QOF year 2015/16. The practice shared data with us which showed they had achieved all of the outcomes available for 2015/16 . This could not be compared to local or national averages as the data was not in yet in the public domain at the time of writing this report.

There was evidence of quality improvement including clinical audit.

There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following a recent medicine safety alert action was taken to review all patients taking a medicine for heart disease and offer an alternative.

The practice was also accredited by the NHS National Institute for Health Research as a research active practice. The GPs were currently undertaking three pieces of research. This included investigations as to whether a medicine was of benefit to patients with ischaemic heart disease, how to prevent stomach bleeding for those with helicobacter pylori and who are taking aspirin and a clinical trial evaluating the long term safety of medicines for patients with excess levels of uric acid in the blood.

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 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

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Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice offered clinical placements to medical students.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from all clinical staff.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG 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.

Good

Are services effective?

(for example, treatment is effective)

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 90% to 98% and five year olds from 91% to 99%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains 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.

Most of the 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. Three were less positive relating to online access, some staff were less helpful and reminders for annual reviews not always being sent. There were no common themes identified.

We spoke with four 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 comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 84% 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%.
- 92% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

The latest national GP patient survey published in July 2016 was completed by 117 patients which represents 0.7% of the practice population. Staff at the practice, with the support of the patient participation group, developed a patient questionnaire to identify areas for improvement. During July, August and September 2015, 550 surveys were given out to patients attending both sites and 533 were completed and returned. This represented 4% of the practice population. Results were as follows:

- 97% of respondents rated the GP as good to excellent at listening to what the patient had to say.
- 95% of respondents rated the amount of time the amount of time spent with the GP was good to excellent.
- 95% of respondents rated the GPs patience dealing with questions and worries was good to excellent.
- 99% of respondents reported they were treated well by the practice nursing staff.

The Care Co-ordinator and practice team were passionate about enabling patients to remain independent and we were given positive examples of how they achieved this. For example, they assisted patients to make their home environments safer, contacted utility providers to maintain power supplies, arranged care packages and provided gifts during holidays times to those who had no close family or friends.

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.

Good

Are services caring?

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 82% 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%.
- 81% 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 survey demonstrated:

- 96% of the respondents reported the way the GP explained care and treatment as good to excellent.
- 96% felt the GP involved them in decisions about their care.

We observed there were facilities in the practice to help patients feel included and be involved in decisions about their care. Bunting of all the different flags of the world adorned the waiting room areas. 'Welcome to the practice' signs had been translated into the main languages the practice population spoke. Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available in different languages. Information leaflets were available in easy read format and in different languages.

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, which were also in different languages. The practice had a comprehensive website which could be translated into 130 different languages and information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers. Staff felt this was not an accurate reflection of the number of carers registered at the practice and said they would review the way they captured and recorded this information.

Written information was available to direct carers to the various avenues of support available to them. The practice also facilitated coffee mornings for patients and their carers where outside agencies would be invited along to share information about the services they offered. We were told a recent one held for people living with and caring for those with dementia was attended by 30 people. Local support agencies were invited along to increase knowledge and promote access to services such as the admiral nurses and other charitable organisations.

Staff told us that if families had experienced bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. Further practical information about bereavement was available on the website and on leaflets in the practice. A representative from the practice would attend the funeral of patients well known to the practice when they could.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were proactively involved in exploring new ways of caring for patients whose circumstances may make them vulnerable.

- The practice offered evening appointments with all staff on Wednesday until 7.30pm at the Thorne Road site and from 7am on Thursday mornings. Appointments were available with all staff at the Hollybush site from 7am on Thursday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had been adapted to provide access to people with mobility needs. A hearing loop was installed and a telephone interpretation service was available.
- The practice were innovative in their approaches to providing integrated person-centred care that involved other health and social service providers, particularly for those with multiple and complex needs. The practice developed a clinical Care Co-ordinator role to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The Care Co-ordinator would meet with the patient at their home or at the practice to review their health and social circumstances, with their carers present when relevant. Patients were given the opportunity to specify where and how they wanted to receive support and be cared for. Patients were provided with information about services to help them maintain their independence such as a fee paying community laundry service, charities who provide transport to and from hospital appointments, the local fire officer's contact details to perform home fire safety checks, telephone befriending services along with referrals to other community health services such as chiropodists and dieticians. The Care Co-ordinator was supported by a GP, a nursing assistant and an administrator. Since inception in October 2014, 281 patients had been reviewed by the Care Co-ordinator service. Feedback from patients was extremely positive. We were shown 11 review forms where patients had commented the service was marvellous, and had provided them with independence to be cared for in their own home. They had also commented that the service had supported them to have regular contact with the practice reducing contact with other health and social care services. GPs reported a reduction in the number of home visits they performed which increased the time they were available to patients in the practice.
- The premises had been assessed as a safe place for adults with a learning disability to go to when they were out and about in Doncaster if they felt unsafe or unwell. Others used the practice address as a point of contact for written communication from hospital and social care services. Mail would be delivered to the practice and kept for the person to pick up.
- All patients over the age of 75 were offered an annual review if they had not attended the practice within the last 12 months.

Access to the service

The practice was open between 8am to 6pm Monday to Friday at both sites. Appointments were available with all staff throughout the day. Evening appointments with all staff on Wednesday until 7.30pm at the Thorne Road site and from 7am on Thursday mornings. Appointments were available with all staff at the Hollybush site from 7am on Thursday mornings for working patients who could not attend during normal opening hours. In addition to pre-bookable appointments that could be booked up to four 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 above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practices own survey demonstrated 95% of respondents were satisfied with the practices opening hours and 86% were able to access help and advice urgently on the same day.

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. Patients under the care of the Care Co-ordinator could contact the practice and be transferred to the dedicated administrator who could pass messages on to request a visit.

Listening and learning from concerns and complaints

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

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

We looked at 11 complaints made in person and eight written complaints received in the last 12 months. We found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Where changes had been made to practice procedure, people were invited into the practice to be appraised of the changes. For example, following feedback from a relative who reported they did not feel involved in the care of the patient the practice reviewed how it communicated with patient's relatives following communication with specialist nursing teams. The procedure was revised and a new meeting schedule implemented with key staff identified at the meeting to then communicate actions to patients and their significant others. The complainant was invited in to the practice to review the new procedure that had been implemented.

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 ethos was displayed in the waiting areas and staff knew and understood the values. The partners were proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. It was involved in piloting and implementing new ways of working to benefit patients. For example, by developing the nurse Care Co-ordinator role to care for those patients with both health and social care needs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured there was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example GP partners and named practice nurses took the lead for their areas of clinical speciality to ensure patients received up to date care. A GP partner, administrators and a healthcare assistant supported the Care Co-ordinator in their role to ensure available time was spent with patients.

Practice specific policies were implemented and were available to all staff on the shared network which was copied to the branch site. A comprehensive understanding of the performance of the practice was maintained. There were robust 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. Staff were involved in discussions about significant events and about how to develop the practice at regular practice meetings and role specific meetings. We saw significant events were raised by administration as well as by clinical staff. Staff told us they could raise any issues at these meetings and felt confident and supported when they did. There was a clear leadership structure in place and staff felt supported by management. 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.

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

There were high levels of staff satisfaction. Staff told us of feeling part of a whole team with one culture and ethos. Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. For example, practice nurses were supported and developed to review patients long term conditions.

Are services well-led?

Good

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

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 every quarter, carried out patient surveys and submitted proposals for improvements to the practice management team. Following feedback from the PPG, a television screen was installed in the waiting areas to provide health advice to patients and also update them if clinics were running late. The PPG meetings were always well attended and the group described themselves as 'part of the practice family'. They also held a programme of patient engagement events where practice staff and external speakers facilitated educational events for patients and people from the local community. Topics included living with dementia, social prescribing, cancer care and healthy eating. Patients told us they enjoyed the sessions and found them very informative and people came from other areas to attend.

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

The practice also produced a quarterly newsletter for patients and a quarterly newsletter for staff to keep them up to date with changes at the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and developing new ways of working to care for those patients who could not get to the practice easily.