Conisbrough Group 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

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 Conisbrough Group Practice on 10 October 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was accredited by the NHS National Institute for Health Research as a research active practice and a GP had undertaken good clinical practice training. The practice was participating in 12 separate research studies with academic organisations.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the GPs developed a new person-centred appointment system, implemented in October 2015. The new system offered continuity of care whilst ensuring those who needed an appointment received one.
- 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, following feedback from patients an assisted opening mechanism was installed to the door at the back of the practice to promote independence for those using the parking spaces to the rear of the building.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

Summary of findings

- The person centred appointment system worked by asking the patient if their concern was new, did they consider it urgent and who would they usually see. Patients we spoke with and written comments reported a significant improvement in accessing a GP, particularly offering choice and continuity of care. Some reported it was not always necessary to see a GP and their query could be dealt with over the telephone.
- The new model of access was published in the Royal College of General Practitioners Bright Ideas magazine. Staff from other practices in the area and from further a field had visited the practice to see the system in operation with a view to implementing it.
- Two of the partners formed the practice in 2001 by taking over a single handed practice with no regular GP. Over the next 15 years they took on another four single handed GP practices, following a series of GP retirements, to provide services from one purpose built health centre. We were shown the original comprehensive business plan which had been reviewed and developed over the years to support the vision and values. The plan captured the areas originally identified for improvement and outcomes detailed how they were achieved. This demonstrated a long term shared purpose, commitment to support, develop and motivate staff to succeed.
- There was a commitment to developing staff in any area which might have a benefit to patients This included those working in the practice and for other healthcare providers. For example healthcare assistants were supported to undertake spirometry testing and GPs mentored an orthopaedic practitioner in the primary care environment. The GPs also offered mentorship to practice nurses from other surgeries in the area completing the nurse prescribing course. Administrative apprentices were supported to develop their skills which led to permanent employment at the practice.
- Staff were supported to have roles within the wider community. For example, one of the GPs was a University Lecturer and Clinical Teacher in primary care. Three GPs were GP trainers and another undertaking GP training. Another was involved in scoping the provision of primary care in Doncaster and looking at new ways of working. The practice had also been approached to support other practices in the area.

The areas where the provider should make improvement are:

- Introduce a procedure to track electronic prescriptions through the practice as per NHS Protect Security of prescription guidance 2013.

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.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice was accredited by the NHS National Institute for Health Research as a research active practice and a GP had undertaken good clinical practice training. The practice was participating in 12 separate research studies with academic organisations. Patients with certain conditions were involved in the research which supported the development of new treatments. For example, monitoring those patients chronic obstructive pulmonary disease for symptoms that may predict lung cancer.
- Data showed that the practice was performing highly when compared to practices nationally.
- The partners were committed to the continuing development of staff skills, competence and knowledge and was integral to

Summary of findings

ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The partners fostered a learning environment to enable the practice to both develop and learn thereby support recruitment and retention.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff 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 the local community in planning how services were provided to ensure that they met patients' needs. Accessibility to the premises had been assessed by teenagers with a learning disability who made suggestions for improvement which were implemented by the practice. For example, offering appointment times when the practice was less busy.
- The practice had developed an innovative approach to providing integrated patient-centred care. The GPs developed a new person-centred appointment system, implemented in October 2015.The new system offered continuity of care whilst ensuring those who needed an appointment received one. For example, patients with long term conditions could request a telephone call from their usual GP at a convenient time to help manage their condition and 'keep them well'.
- The system worked by asking the patient if their concern was new, did they consider it urgent and who would they usually see. Urgent concerns were referred to the on call GP to contact the person that day. The GP on call worked in the same room as the receptionists answering calls to patients. Any emergency calls were passed directly to the on call GP. Staff told us they felt

Summary of findings

supported as they could ask the GP questions and it negated the need to make other telephone calls to practice staff. Routine enquiries would be added to a list for the persons GP of choice to contact them on the GPs next working day.

- 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, following feedback from patients an assisted opening mechanism was installed to the door at the back of the practice to promote independence for those using the parking spaces to the rear of the building.
- Patients could access appointments and services in a way and at a time that suited 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.

Are services well-led?

Outstanding ☆

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Two of the partners formed the practice in 2001 by taking over a single handed practice with no regular GP. Over the next 15 years they took on another four single handed GP practices, following a series of GP retirements, to provide services from one purpose built health centre. We were shown the original comprehensive business plan which had been reviewed and developed over the years to support the vision and values. The plan captured the areas originally identified for improvement and outcomes detailed how they were achieved. This demonstrated a long term shared purpose, commitment to support, develop and motivate staff and to succeed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development. For example, the practice used various social media platforms to communicate with the PPG.

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

Outstanding ☆

The practice is rated as outstanding for providing responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- All patients had a named GP.
- The needs of older people with more complex needs were reviewed monthly at a multidisciplinary meeting.
- Patients requiring support from community nurse and physiotherapy could be seen at the practice to ensure they received the individual care they needed.
- Longer appointment times could be arranged for patients with complex care needs and booked in at time to suit the patient.
- Home visits were provided for those unable to attend the surgery.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for providing responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- The practice had retained a team approach for long term condition management with GPs and nurses undertaking this role and patients at risk of hospital admission were identified as a priority.
- The practice offered echocardiogram (ECG) and spirometry testing to support clinical decision making.
- Nationally reported data from the Quality and Outcomes Framework showed that outcomes for patients were good for patients with long term conditions. For example, performance for diabetes related indicators was comparable to other practices in the area and 6% above the national average.
- Longer and flexible appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual 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.

Summary of findings

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for providing , responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- 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.
- GPs visited the local primary school to talk about healthy eating. School children had a competition to devise the patient participation group (PPG) logo which was used by the practice.
- The practice's uptake for the cervical screening programme was 92%, compared to the local average and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. GPs would often ask to see young children or those who were at risk of catching infections from others at the end of clinic when the practice was quieter.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for providing responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- 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.
- Patients could request the GP telephone them back at a time they would be available.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for providing responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice recognised that trust and rapport for these patients was very important and ensured they saw the same staff member each time they visited. This had resulted in patients being willing to accept the care they needed.
- Teenagers from the local learning disability home assessed the practice for access and feedback their experiences.
- Staff 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.
- 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for providing responsive and well-led services. The impact of this affected the quality of services provided to all patient groups and this led to an outstanding rating for all population groups.

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local average of 83% and the national average of 84%.
- The percentage of patients with a serious mental illness who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 96% compared to a local average of 92% and national average of 90%.
- 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.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was mostly performing above local and national averages. 332 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 67% and national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 84% 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 45 comment cards which were very positive about the standard of care received. Comments included 'brilliant practice', 'staff are so helpful and caring', 'staff listen and are very informative' and the new appointment system is so much better'. Two less positive comments related to access to appointments at the reception desk and a general comment stating it was difficult to get an appointment.

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

Conisbrough Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Conisbrough Group Practice

Conisbrough Group Practice is located in Conisbrough on the outskirts of Doncaster. The practice provide services for 10,412 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of patients registered at the practice is similar to others in the area.

The practice has six GP partners, one female and five male. They are supported by a first contact nurse practitioner, four practice sisters, two healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 7.30pm on Monday and Wednesday and from 8am to 6.30pm Tuesday, Thursday and Friday. Appointments with all staff are available during the practice opening hours. A phlebotomy service with the healthcare assistant was available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

The practice is located in a purpose built health centre with ample parking to the rear and side of the building.

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

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 10 October 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurses, practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed how staff spoke 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?

Detailed findings

- 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).
- The practice told patients when things went wrong with care and treatment. They received reasonable support, truthful information, a written apology and were informed of any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

Safety records, incident reports, patient safety alerts and minutes of meetings were kept on an electronic system and available to all staff. Staff told us they reviewed the updates following briefings from managers or during meetings they would attend and they were given time to do this. We saw evidence practice staff took action to improve safety in the practice by sharing lessons learned with staff. For example, the procedure for recording home visits was reviewed following an incident where the visit was not documented in the patient record. The new procedure included documenting the arrival and departure time of the visit in the patient record. Staff were briefed of the change to procedure at a staff meeting and the minutes stored within the electronic document recording system.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for child and adult 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 completed child safeguarding training to level three. The practice held monthly child and family meetings with health visitors and school nurses.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had undertaken training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were completed and action taken to address any improvements identified as a result.
- 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 to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. However, there was not a procedure in place to monitor their use as per NHS Protect Security of prescription guidance 2013. The practice manager told us the procedure would be reviewed and changes implemented to comply with the guidance.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions. They received mentorship and support from the medical staff for this extended role. Practice nurses used Patient Group Directions to

Good

Are services safe?

administer medicines in line with prescribing legislation. Healthcare assistants received training to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two personnel files and found appropriate recruitment checks were completed prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. A DBS check was outstanding for a new member of staff in the administrative team who were still in their probationary period and not performing chaperone duties.

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.
- The practice 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, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available with 8.6% 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 2014/15 showed:

- Performance for diabetes related indicators was comparable to other practices in the area and 6% above the national average.
- Performance for mental health related indicators was 7% above the national average.

There was evidence of quality improvement including clinical audit. There had been 15 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 irregular heart beat and ensure they were taking a blood thinning medication to reduce the risk of a stroke.

All staff were actively engaged in activities to monitor and improve quality and outcomes. The practice was also accredited by the NHS National Institute for Health Research as a research active practice and a GP had undertaken good clinical practice training. The practice was participating in 12 separate research studies with academic organisations. For example, monitoring those patients chronic obstructive pulmonary disease for symptoms that may predict lung cancer; how to prevent stomach bleeding for those with helicobacter pylori (a type of bacteria infection) who were taking aspirin and when was the best time of day to take blood pressure lowering medication in terms of preventing a stroke and heart attack.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- An introduction to the practice pack had been developed for all new staff and students which included a mini-biography for every staff member and the areas of work they led on. It also included practice links to policy and procedure and described reporting processes in more detail.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Practice nursing staff met with a GP monthly for clinical supervision sessions. 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.
- Healthcare assistants were supported to develop their skills to perform heart traces, practice nurses were supported with prescribing courses (both from the practice and others in the local area) and reception staff were supported to undertake healthcare assistant training.
- The practice was a clinical placement area for both medical and nursing students and allied health professionals. Staff were trained as mentors to support them during their placements at the practice.
- The practice was a placement area for GP trainees. Three of the GP partners were GP trainers and another was currently undertaking the training. A GP was a University Lecturer and Clinical Teacher in primary care. The GP trainee we spoke with told us they felt very supported by staff at the practice and felt included and respected.
- The practice facilitated placements for prospective medical students undertaking the a local University Outreach and Access to Medicine Scheme which made a career in medicine a possibility for students from all backgrounds.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- Staff offered smoking cessation advice and the practice was awarded the Yorkshire Smoke Free Doncaster & Rotherham Provider of the Year 2015-16.
- Specialist community nurses held regular weekly clinics at the practice to review patients with complex wounds and those with heart and/or breathing problems.
- Improving Access to Psychological Therapies counsellors held a clinic at the practice three times a

Good

Are services effective?

(for example, treatment is effective)

week providing talking therapy services. Staff told us the service was popular with patients particularly to assist them to make healthy life choices. Those who used the service explained how it had helped them to review their situations and look at support strategies.

- 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 had referred 96 patients to the scheme in the last 12 months.
- Staff produced a Conisbrough Group Practice guide to local NHS services that included details of how to contact the practice and other healthcare providers such as the out-of-hours service or the local minor injuries unit. It included examples of illnesses and appropriate action to take.

The practice's uptake for the cervical screening programme was 92%, which was above the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% and five year olds from 91% to 100%.

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

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 45 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. Two less positive comments related to not being able to make appointments.

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

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

- 91% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% 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%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 80% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 80% and the national average of 85%.

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

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 287 patients as carers (2.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Staff also referred patients to the community centre adjacent to the practice who offered mother and child groups, community sessions and a community cafe.

Staff told us if families experienced bereavement, their usual GP contacted them and a sympathy card was sent on behalf of the practice. Families would be offered advice on how to find a support service.

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. The practice linked with four others in the area to facilitate research studies.

- Appointments with GPs were available on Monday and Wednesday evenings until 7pm for working patients who could not attend during normal opening hours.
- The practice had accessible facilities, a hearing loop and interpretation services available. Following feedback from patients an assisted opening mechanism was installed to the door at the back of the practice to promote independence for those using the parking spaces to the rear of the building.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- The accessibility to the premises had been assessed by teenagers with a learning disability who made suggestions for improvement which were implemented by the practice. For example, offering appointment times when the practice was less busy.
- All patients over the age of 75 were offered an annual review if they had not attended the practice within the last 12 months.
- The practice was experiencing a significant increase in the number of new patients registering at the practice. Between July and October 2016, 225 new patients had registered. Of these patients 44 had one or more long term condition and 24% overall were taking four or more medications.

Access to the service

The practice was open between 8am to 7.30pm on Monday and Wednesday and from 8am to 6.30pm Tuesday, Thursday and Friday.

Following feedback from patients in early 2015 that the appointment system did not work as it was difficult to be seen on the day and long waits to see a GP of choice, staff carried out a four week review of telephone calls to the practice and appointments made during that time.

The review identified people's individual needs and preferences were central to the planning and delivery of appointments. The busiest times were identified and the GPs developed a new person-centred appointment system, implemented in October 2015.

The new system offered continuity of care whilst ensuring those who needed an appointment received one. The system worked by asking the patient if their concern was new, did they consider it urgent and who would they usually see. Urgent concerns were referred to the on call GP to contact the person that day. The GP on call worked in the same room as the receptionists answering calls to patients. Any emergency calls were passed directly to the on call GP. Staff told us they felt supported as they could ask the GP questions and it negated the need to make other telephone calls to practice staff.

Routine enquiries would be added to a list for the persons GP of choice to contact them on the GPs next working day. The GP would then contact the patient on the pre-arranged day and specific time, if indicated, and invite them to the practice if they needed to be seen.The GPs determined the time and length of appointment with the patient when they booked it. Patients told us this offered flexibility and continuity of care they did not always have to come to the practice as their queries could be dealt with over the phone. For example, change to a medication.

Patients we spoke with and written comments reported a significant improvement in accessing a GP, particularly offering choice and continuity of care. Some reported it was not always necessary to see a GP and their query could be dealt with over the telephone.

The new model of access was published in the Royal College of General Practitioners Bright Ideas magazine. Staff from other practices in the area and from further a field had visited the practice to see the system in operation with a view to implementing it.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 96% reported the last appointment they got was convenient compared to the local average of 93% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Two comments related to difficulty gaining an appointment in general and the new system did not allow patients to walk in off the street and book an appointment for that day. Staff explained this was possible if the patient had a telephone number they could be contacted on. They appreciated not all patients could be contactable by telephone and would book appointments in for those where this had been identified.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at 14 complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following feedback from patients staff reviewed their communication styles with patients to be more effective.

Are services well-led?

Outstanding ☆

(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 partners were proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients. There was a systematic approach to working tackle health inequalities and obtain best value for money. For example, the practice had recruited a nurse matron and emergency care practitioner to care for patients in the community from November 2016.

Two of the partners formed the practice in 2001 by taking over a single handed practice with no regular GP. Over the next 15 years they took on another four single handed GP practices, following a series of GP retirements, to provide services from one purpose built health centre. We were shown the original comprehensive business plan which had been reviewed and developed over the years to support the vision and values. The plan captured the areas originally identified for improvement and outcomes detailed how they were achieved. This demonstrated a long term shared purpose, commitment to support, develop and motivate staff to succeed.

Governance arrangements

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

Practice specific policies were implemented and were available to all staff on the shared network.

A comprehensive understanding of the performance of the practice was maintained and discussed at the practice departmental meetings where a member of staff from each team attended. They would then feedback to others in their respective teams.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice participated in research to improve patient outcomes.

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. For example, staff and patients were consulted with throughout the implementation process of the new appointment system.

Staff were also supported to have roles within the wider community. For example, one of the GPs was a University Lecturer and Clinical Teacher in primary care. Three GPs were GP trainers and another undertaking the training. Another was involved in scoping the provision of primary care in Doncaster and looking at new ways of working. The practice had also been approached to support other practices in the area.

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

The 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

Are services well-led?

Outstanding ☆

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

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.

Seeking and acting on feedback from patients, the public and staff

Staff told us they were very proud to work at the practice and many had worked there for a number of years. There were high levels of staff satisfaction. There was a commitment to developing staff in any area which might have a benefit to patients both to those working in the practice and at other healthcare providers. For example healthcare assistants were supported to undertake spirometry testing and GPs mentored an orthopaedic practitioner in the primary care environment. The GPs also offered mentorship to practice nurses from other surgeries in the area completing the nurse prescribing course. Administrative apprentices were supported to develop their skills which led to permanent employment at the practice.

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. The practice engaged with the PPG using various social media platforms.

Staff told us how the PPG were instrumental in improving privacy in the reception area. Following feedback from patients that conversations could be overhead at the reception desk the PPG worked with staff to come up with a solution to the problem. Queue barriers had been installed and patients told us they worked well and stopped people just walking upto the desk whilst private conversations were taking place. Members of the PPG and practice staff engaged with a local primary school to develop the PPG logo. GPs visited the school to judge the entries and provide a talk to the children on healthy eating.

The PPG were involved in the development of the new appointment system and provided feedback in the implementation stages.

The practice had a comprehensive website which included a guide produced by the practice about local health services for patients. This was also displayed in the practice. A quarterly newsletter was produced both for staff and for patients and the practice had a regular article in the local community magazine which they used to update people living locally about the practice and also offer seasonal health advice.

The staff often went above and beyond to support patients within the wider community. For example, staff engaged in community events such as national sporting events passing the surgery and the partners completed a charity bicycle ride to raise money for two external automated defibrillators to be placed outside surgeries in Conisbrough and in Denaby.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had recruited an emergency care practitioner and a community nurse to start in November 2016 to offer community care to patients at risk of hospital admission. The development of the person-centred appointment system was a success and shared with others.