

Mount Group Practice

Quality Report

54 Thorne Road
Doncaster
DN1 2JP
Tel: 01302 361222
Website: www.mountgrouppractice.co.uk

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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 the Mount Group Practice on 26 April 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 with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw four areas of outstanding practice:

- The practice had a contract with a local taxi firm, approved for healthcare use by the CCG, to offer paid for transport to those who could not get to the practice by their own means. This was beneficial to patients as more appointments were available at a time convenient to them.
- A GP partner and practice nurse, both with a specialist interest in diabetes management, established a clinic for patients with complex diabetes. In the past two years 23 patients attending the clinic demonstrated an

Summary of findings

average 25% reduction in the measurement of the the amount of glucose within their plasma blood cells. A reduction in this measurement lowers diabetes risk factors in patients.

- The GPs performed a weekly visit to the three care homes with residents registered at the practice. A recent evaluation of the service demonstrated a reduction in unplanned activity, such as visits to accident and emergency and improved advanced care

planning. The prescribing assistant worked closely with the homes to reduce medicine wastage and facilitate the ease of obtaining prescriptions electronically for the residents.

- The practice liaised with a local voluntary service to provide access to healthcare for asylum seekers and refugees. People who used the practice from this service told us the practice was welcoming and treated them as individuals.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as 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.

Good



Are services effective?

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.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower for GP scores than others. The scores did not reflect what patient's told us on the day. Staff told us three long standing GP partners had retired within the last two years. Patients we spoke with complimented all staff and this was reflected in the comment cards. Scores for reception staff were above average.

Good



Summary of findings

- 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?

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 meet patients' needs. For example, staff had produced a chronic obstructive pulmonary disease pathway for health professionals to follow when managing this condition. The pathway was shared and used by other GP practices in the area.
- There were innovative approaches to providing integrated patient-centred care. For example, a GP partner and practice nurse both with a specialist interest in diabetes management established a clinic for patients with complex diabetes. In the past two years 23 patients attending the clinic demonstrated an average 25% reduction in the measurement of the the amount of glucose within their plasma blood cells. A reduction in this measurement lowers diabetes risk factors in patients.
- 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.
- Patients could access appointments and services in a way and at a time that suited them. The practice had a contract with a local taxi firm, approved for healthcare use by the CCG, to offer paid for transport to those who could not get to the practice easily.
- The GPs performed a weekly visit to the three care homes with residents registered at the practice. A recent evaluation of the service demonstrated a reduction in unplanned activity, such as visits to accident and emergency, and improved advanced care planning. The prescribing assistant worked closely with the homes to reduce medicine wastage and facilitate the ease of obtaining prescriptions electronically for the residents.

Outstanding



Summary of findings

- The practice liaised with a local voluntary service to provide access to healthcare for asylum seekers and refugees. Patient's who used the practice from this service told us the practice was welcoming and treated them as individuals.
- Staff at the practice had identified some child immunisation rates were relatively low. A practice nurse would follow up those children who did not attend and offer appointment times to suit the family or visit the child at home to administer the immunisation.
- 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?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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. They each held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record.

People with long term conditions

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

Good



- Practice nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 0.3% below the CCG average and 7% above the national average. A GP partner and practice nurse both with a specialist interest in diabetes management established a clinic for patients with complex diabetes. In the past two years 23 patients attending the clinic demonstrated an average 25% reduction in the measurement of the the amount of glucose within their plasma blood cells. A reduction in this measurement lowers diabetes risk factors in patients.
- 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

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

Good



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.
- Staff at the practice had identified some immunisation rates were relatively low. A practice nurse would follow up those children who did not attend for routine immunisations and offer appointment times to suit the family or visit the child at home to administer the immunisation.
- 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 89%, which was above 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 midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.

Good



Summary of findings

- 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 practice liaised with a local voluntary service to provide access to healthcare for asylum seekers and refugees. Patient's who used the practice from this service told us the practice was welcoming and treated them as individuals.

People experiencing poor mental health (including people with dementia)

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

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- 87% of patients experiencing poor mental health had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing comparably or above local and national averages. 296 survey forms were distributed and 126 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 69% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, 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 mostly all very positive about the standard of care received. Comments received included 'staff go out of their way to help you', 'the practice provides excellent care and treatment', 'the surgery is great'. Two were less positive, there were no common themes to these, one reported access to appointments as an issue and the other reported staff were sometimes 'dismissive'.

We spoke with seven patients during the inspection. All said they were very happy with the care they received and thought staff were caring, respectful and treated patients with dignity and respect.

Mount Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Mount Group Practice

The Mount Group Practice is located in the centre of Doncaster. It has a branch surgery at The Bessacarr Medical Centre, 36 Nostell Place, West Bessacarr, Doncaster, DN4 7JA. The practice provides services for 12,752 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth 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 five GP partners, three female and two male and one salaried GP. They are supported by a practice nurse manager, two advanced nurse practitioners, seven practice nurses, two healthcare assistants, a prescribing assistant, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday at both locations. Appointments with staff are available at various times throughout the day. Early morning appointments with GPs are available at the Mount surgery (Thorne Road) from 7am on Tuesday, Thursday and Fridays. Evening appointments with GPs are available at the Bessacarr branch surgery from 6.30pm until 8.30pm on Wednesday evenings for working patients and carers who could not attend during normal opening hours. Practice

nurses offered appointments for patients during this time on request. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

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 26 April 2016 to the Mount Group Surgery and the branch at Bessacarr. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, nurse manager, advanced nurse practitioner, practice nurses, practice manager, assistant practice manager, prescribing assistant and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told how the procedure receiving paper communications into the practice was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We were told this was discussed at the practice meeting and shared with staff who attended. Staff who did not attend the meetings would be briefed accordingly following the meeting via a notification on the computer system across the two sites. Minutes of the meeting were kept on the practice intranet system which all staff could access.

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.

- Notice's in the waiting room and consultations advised patients that chaperones were available if required. We observed some of the notices instructed the patient they would have a chaperone. We reported this to the registered manager who told us they would be removed and the offer of a chaperone notice used. 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 nurse manager and deputy nurse manager were the infection prevention and control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and 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.
- 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. We were told they did not have a system in place to monitor their use. The registered manager told us this would be reviewed and NHS Protect Security of prescription forms guidance, August 2013, followed. Three of the practice nurses had qualified as an independent prescribers and

Are services safe?

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. Healthcare 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 DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had 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).

- 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.

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. We were told the practice did not keep a central log of actions taken following alerts. We were told by the registered manager this would be reviewed and a system implemented.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available with 10.5% exception reporting which is 2% above the CCG average and 1% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed:

- Performance for diabetes related indicators was 0.3% below the CCG average and 7% above the national average.
- Performance for mental health related indicators was 3% above the CCG average and 6% above the national average.

There was evidence of quality improvement including clinical audit.

- The practice shared with us six clinical audits completed in the last two years, all 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, a GP with a specialist interest in Diabetes and practice nurse who also has expertise in diabetes scheduled a three monthly clinic for 23 patients with complex diabetes. At each clinic attendance the patient had a blood test to measure the amount of glucose in blood cells and received health information and support how to manage their condition. In the past two years patients attending the clinic demonstrated an average 25% reduction in the measurement of the the amount of glucose within their plasma blood cells Only one patient had a rise. The practice nurse told us the service offered provided patients with diabetic care nearer to home and also negated the need to be seen by a hospital consultant or community diabetic specialist nurse.

Information about patients' outcomes was used to make improvements. The practice monitored the number of contacts patient's had with the out-of-hours service on a weekly basis. These results then allowed the practice to follow up certain patients and ensure they were aware of access to the services the practice offered.

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 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

Are services effective?

(for example, treatment is effective)

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. 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.

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 quarterly basis, or as needed in between, when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice participated in the social prescribing project in Doncaster. The GPs and practice nurses had the option to prescribe non-medical support to patients. This included for loneliness and social isolation, housing or debt advice. Eleven patients had been referred to the project in the last 12 months. A GP from the practice was the presenter in a video produced to promote the project, which included a patient's experience of being referred to the project.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG and 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. There were comprehensive 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 94% to 99% and five year olds from 80% to 94%. The practice was 7% below the CCG average for 5 year olds having the pre-school booster and 9% below for the measles, mumps and rubella second dose. Staff had identified the lack of uptake and offered

Are services effective?

(for example, treatment is effective)

telephone reminders to parents and carers to attend for immunisations and also a practice nurse would visit children at home to administer vaccinations for those who did not attend the practice.

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. The practice had won award for offering the most health checks in the Doncaster area for the year 2014/15. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or smaller rooms within consulting rooms were provided 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 38 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 were less positive, there were no common themes to these, one reported access to appointments as an issue and the other reported staff were sometimes 'dismissive'.

We spoke three with 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 mostly were treated with compassion, dignity and respect. The practice was just below average for its satisfaction scores on consultations with GPs and nurses. The scores did not reflect what patients told us on the day. All spoke very highly of all staff. Scores for reception staff were above average. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 89% 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%.
- 77% 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%.
- 89% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Practice staff explained over the last two years three GP partners had retired, who each worked at the practice for many years. New GPs working at the practice patients identified this was a transition period for patients moving across to their care. They explained wherever possible they would try and see the same patient's for follow and book them into advance appointments up to provide continuity.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were just below local and national averages. Again this did not reflect what patients told us on the day of the inspection or comments on the CQC cards. All said they were involved in decisions about their care and treatment and felt in a position to make informed choices. For example:

- 76% 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%.
- 75% 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%.

Are services caring?

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. 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 86 patients as carers (0.7% of the practice list). The practice offered carers regular annual health checks and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice also sent congratulation cards to women when they gave birth containing details about the services the practice offered.



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. Staff had developed a chronic obstructive pulmonary disease pathway for health professionals to follow when managing this condition. The pathway was shared and used by other GP practices in the area.

- The practice offered early morning appointments with GPs at the Mount surgery (Thorne Road) from 7am on Tuesday, Thursday and Fridays. Evening appointments with GPs were available at the Bessacarr branch surgery from 6.30pm until 8.30pm on Wednesday evenings for working patients and carers who could not attend during normal opening hours. Practice nurses offered appointments for patients during this time on request.
- The practice had been proactive in offering patients Saturday morning appointments with GPs on the weekend prior to our visit due to junior doctor industrial action to offer patients more routine appointments.
- 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.
- The practice had a contract with a local taxi firm, approved for healthcare use by the CCG, to offer paid for transport to those who could not get to the practice easily. This was beneficial to patients as more appointments were available at a time convenient to them.
- The practice had a designated administrative lead to coordinate reviews and care provided to patients with long term conditions. Patients with multiple long term conditions received a complete and thorough review in one longer appointment. This negated the need for multiple appointments. They told us transport would be arranged, if needed, to get them to the surgery and appointments booked at times to suit the patient.
- A GP partner and practice nurse both with a specialist interest in diabetes management established a clinic for patients with complex diabetes. In the past two years 23 patients attending the clinic demonstrated an average 25% reduction in the measurement of the amount of glucose within their plasma blood cells. A reduction in this measurement lowers diabetes risk factors in patients.
- The GPs performed a weekly visit to the three care homes with residents registered at the practice. A recent evaluation of the service demonstrated a reduction in unplanned activity, such as visits to accident and emergency, and improved advanced care planning. The prescribing assistant worked closely with the homes to reduce medicine wastage and facilitate the ease of obtaining prescriptions electronically for the residents.
- Patients requesting same day appointments were triaged over the telephone by the practice nurse and offered a face to face appointment if required. Reception staff followed a protocol to ensure emergency conditions were dealt with quickly.
- The practice liaised with a local voluntary service to provide access to healthcare for asylum seekers and refugees. Patient's who used the practice from this service told us the practice was welcoming and treated them as individuals.
- Staff at the practice had identified some immunisation rates were relatively low. A practice nurse would follow up those children who did not attend for routine immunisations and offer appointment times to suit the family or visit the child at home to administer the immunisation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice had a lift to access the consulting rooms on the first floor.

Access to the service

The practice was open between 8am to 6pm Monday to Friday at both locations. Appointments were from to every morning and to daily. Appointments with staff were available at various times throughout the day. Early morning appointments with GPs were available at the Mount surgery (Thorne Road) from 7am on Tuesday, Thursday and Fridays. Evening appointments with GPs were available at the Bessacarr branch surgery from 6.30pm until 8.30pm on Wednesday evenings for working patients and carers who could not attend during normal opening hours. Practice nurses offered appointments for



Are services responsive to people's needs?

(for example, to feedback?)

patients during this time on request. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at six 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 to as a result to improve the quality of care. For example, the practice reviewed the process for reviewing correspondence from secondary care to ensure it was actioned in a timely manner.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice reviewed their extended hour appointment times following feedback from the group.

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

Continuous improvement

Are services well-led?

Good 

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

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. For example developing the care home pathway.