Dinnington Group Practice

Quality Report

The Medical Centre
Sheffield
Rotherham
S25 4DB
Tel: 01909517433
Website: www.dinningtongroupppractice.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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dinnington Group Practice on 25 May 2016. Overall the practice is rated as good.

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. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed with the exception of infection prevention and control and some aspects of medicines management in the dispensary. These issues were mainly confined to one of the branch surgeries.
- The practice used innovative and proactive methods to improve patient outcomes. For example, to provide continuity of care for patients in care homes and initiation of yoga group for patients.
- Data showed patients were not always satisfied with some aspects of the service such as access to appointments and involvement in their care. However, feedback from patients on the day of the inspection was more positive.
- 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, changes to the telephone system to try to improve access.
- 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 strong and visible clinical and managerial leadership and governance arrangements.
- 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 two areas of outstanding practice:

Summary of findings

The practice was innovative in providing services to improve outcomes for patients. For example:

The practice had implemented a care home service in a way that gave continuity of care for patients. They had done this by providing a set visit day and time with the same GP. Staff at care homes attended by the GPs told us this arrangement worked to the benefit patients and their families. They said this service had reduced the need for patients to attend the accident and emergency department and use of the out of hour's service. The data relating to acute admissions to hospital showed a significant reduction in admissions from each of the care homes attended, year on year, since implementation. The practice had provided this initiative since 2013 without any extra remuneration although since April 2016 Rotherham CCG had provided extra payments for care home patients as an enhanced service.

One of the GPs had an interest in yoga as a tool for self-care in conditions relating to depression and anxiety. The practice had implemented a yoga group at the practice in June 2015. Classes were held weekly by an external trainer with use of a room at the practice and up to 20 patients attended and such was the interest a second class was being considered. A survey of the patients showed the patients had found these sessions to be mentally and physically beneficial. The GP who had implemented the sessions had shared the information with a local university and they were considering a research project of the benefits for patients.

The areas where the provider should make improvement are

- Implement Public Health England guidance in relation to the calibration of thermometers used in vaccine fridges.
- Improve the standard of cleaning and handwashing facilities at Woodsetts surgery.
- Review procedures relating to the security of blank prescription forms held in printers and store these in line with NHS Protect, Security of prescription forms guidance, updated August 2013.
- All staff undertaking the role of dispenser should be qualified to NVQ2 level.A competency assessment of dispensing staff should be carried out annually.
- Risk assess staff access to the dispensary at Woodsetts when dispensing staff are not present
- Implement the practice procedures for Controlled Drugs awaiting destruction at the Woodsetts surgery.
- Improve the procedures and storage arrangements to limit access to the key to the Controlled Drug cupboard at Woodsetts surgery to dispensary staff and GPs.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception infection prevention and control and some aspects of medicines management in the dispensary which required improvement.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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 saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 98.6%, which was 12% better than the CCG average and 5% better than the national average.
- Performance for mental health related indicators was 99.9%, which was 9% better than the CCG average and 7% better than the national average.
- The practice had scored 100% in the majority of indicators relevant to the care of older patients and those with long term conditions.
- Clinical audits were used effectively to monitor performance and demonstrate 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.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Although data from the national GP patient survey showed patients rated the practice below others for several aspects of care, we received positive feedback from patients we spoke with on the day of the inspection and on comment cards we received.
- Patients we spoke with 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.
- The practice had been proactive in identifying patients as carers and used a variety of methods to identify carers. They had identified 813 carers, including 72 added in the last year, which was almost 4% of the patient list.
- They worked closely with health and social care organisations to ensure patients holistic needs were met.
- Views of external stakeholders were very positive.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- We saw some outstanding practice to ensure continuity of care for patients who lived in care homes.
- The practice provided a good range of appointments, including same day urgent appointments. However, patients said they did not find it easy to make an appointment with a named GP as it was difficult to pre-book appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- 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.
- The practice was proactive in monitoring the outcomes and experience of the patients to inform their plans for the service.
- 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. However we did find some aspects relating to infection prevention and control and medicines management required improvement.
- 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.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We saw outstanding practice to provide continuity of care for patients who lived in care homes.

People with long term conditions

Good

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

- Nursing staff had lead roles in long term condition disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/15 showed:
  - Performance for diabetes related indicators was 98.6%, which was 12% better than the CCG average and 5% better than the national average.
  - Performance for mental health related indicators was 99.9%, which was 9% better than the CCG average and 7% better than the national average.
  - The practice had scored 100% in the majority of indicators relevant to the care of older patients and those with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Attendance for the immunisation programme was closely monitored and the practice worked with the health visitor if there were any concerns.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working and received positive feedback from midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However, patients told us access to pre-bookable appointments could be improved.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had engaged with a local school and had encouraged membership to the patient participation Group (PPG) from two younger patients through this.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and hosted clinics from support services in the practice.
- 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)

Good

- The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia).
- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- Performance for mental health related indicators was 99.9%, which was 9% better than the CCG average and 7% better than the national average.
- 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 and hosted clinics from support services in the practice.
- We saw one area of outstanding practice in that the practice had implemented yoga classes for patients and staff as a tool for self-care in conditions relating to depression and anxiety. A survey of the patients showed the patients had found these sessions to be mentally and physically beneficial.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had participated in a dementia friend's workshop in June 2015.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages in some areas. 252 survey forms were distributed and 151 were returned. This represented 1.1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards of which, all but one, were positive about the standard of care received. We received positive comments about the caring attitude of the staff and patients gave examples of how the staff went out of their way support them. There were positive comments about the care and treatment from the GPs, patients said they were listened to and referred quickly for further investigations where necessary. We received six negative comments about the appointment system including difficulty accessing the practice by telephone and access to a GP of choice.

We spoke with 16 patients during the inspection. All these patients told us that overall the practice was excellent or very good. We received positive comments about the care they received and the attitude of staff. Patients said they were listened to and involved in their care. We received varied comments about the appointment system. Although some people told us the system had improved the main concerns raised by patients were not being able to pre-book appointments, not being able to get an appointment with a GP of their choice and difficulty making an appointment with a female GP.

The friends and family test (FFT) results showed 89% of patients would recommend this practice to their friends and family.

Dinnington Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, pharmacist specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dinnington Group Practice

Dinnington Group Practice serves the whole of Dinnington, Anston, Woodsetts and some of the surrounding villages at three sites. The main surgery is based in a purpose built building at The Medical Centre, also known as Anston Medical Centre. There are two branch surgeries at the Medical Centre, New Street, Dinnington, Sheffield, S252EZ and Woodsetts Surgery, 2a Berne Square, Woodsetts, S81 8RJ. We visited all three sites during this inspection.

The practice provides Primary Medical Services (PMS)services for 20,970 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area across the three sites.

An on-site dispensing service is provided for approximately 1,200 patients at the Woodsetts Branch Surgery.

There are ten partners, five female and five male, and five nurses including an advanced nurse practitioner supported by four health care assistants. Two dispensers work in the dispensary. There is a large administration team managed by a group manager, business services manager and patient's services manager.

The practice is open Monday to Friday 8.30am to 6.30pm. The reception at each site is open at Dinnington and Anston surgeries Monday to Friday 8am to 6.30pm and at Woodsetts Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Wednesday 8.15am to 12 pm midday.

Extended hours are provided at Dinnington and North Anston Surgeries on a Monday Evening: 6.30pm to 8pm.

When the branch sites are closed, telephone calls are automatically passed through to the main site. When all surgeries are closed patients are advised to call NHS 111 service. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

This is a training practice for qualified doctors intending to become General Practitioners and for hospital doctors (who may or may not go on to become General Practitioners) to gain experience in family medicine. They take student GPs and foundation doctors from Rotherham and North Nottinghamshire.

The practice is registered to provide:

- Diagnostic and Screening Procedures.
- Family Planning.
- Surgical Procedures.
- Maternity and Midwifery Services.
- Treatment of Disease or Disorder

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 25 May 2016. During our visit we:

- Spoke with a range of staff including four GPs, three nurses, a health care assistant, practice manager, dispensers and administration staff.
- We spoke with patients who used the service and a visiting health professional.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

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.
- 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, incidents were discussed at the monthly meetings and records detailed the discussions and the learning from these. We observed new procedures had been developed to minimise the risks of a reoccurrence following an incident where necessary. Action taken in relation to medical alerts was recorded and the alerts were discussed at the first available meeting. We observed any serious medication incidents were raised as significant events and near-miss dispensing errors were also recorded so trends could be identified and monitored.

We observed excellent systems were in place for the management of records relating to incidents and safety alerts. Records were detailed and there were good filing systems and electronic records which linked detailed records of incidents, investigations and meeting minutes.

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 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 protection or child safeguarding level three. Monthly meetings were held by the practice which included the safeguarding lead, practice manager and health visitors to discuss families they had concerns about. Records of meetings were maintained and any actions required following the meeting were notified to the relevant GP. A visiting health professional told us these meetings had commenced in 2013 and they had subsequently encouraged this model in other practices as they had found this to be a valuable way of communicating. A dedicated member of staff monitored attendance of children for the immunisation programme and worked closely with the health visitor where there were any concerns. They also reported any continued non-attendance to the practice safeguarding meeting.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. However, we observed some shortfalls at Woodsetts surgery. We saw there was dust on high level surfaces in the dispensary and the edges of the work tops in the nurse's room and phlebotomy room required cleaning. The painted walls in the nurse's room were marked and chipped. Not all the sinks were adequate to promote good hand hygiene and minimise the risk of infection prevention and control (IPC). This was because some taps did not allow for hands free operation and plugs and overflows were in place. We were advised following the inspection that the plugs had been removed and new taps were to be fitted on 8 June 2016. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.

Requires improvement

Are services safe?

There was an infection control protocol in place and staff had received up to date training which included hand washing competency assessments. We saw infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw three sharps boxes in the minor surgery room were not dated when they were put into use in order to guide staff on when these should be disposed of.

- Some arrangements for managing medicines required improvement. 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. Stocks of blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, we observed that blank prescription forms were kept in unlocked printers in the dispensary and in GP consulting rooms throughout the practice.
- Three nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They told us 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.
- There was a named GP responsible for the dispensary at Woodsetts. The dispensary staff told us that they always had access to a GP for advice and guidance. The practice had a clear process for the management of information about changes to a patient's medicines received from other services. Changes were reviewed and authorised by a GP and communicated to dispensary staff as necessary.
- The practice had clear and comprehensive Standard Operating Procedures (SOPs) for their dispensary staff to follow. We saw evidence that each member of staff had seen and understood each SOP and that the SOPs were reviewed annually.
- Prescriptions which had not been collected were monitored and GPs informed of this. Dispensary staff also informed GPs if they observed any deteriorating health problems which may prevent patients from taking their medicines safely. We observed that dispensary staff gave relevant information to patients about possible side effects and when to take their medicines.
- Reception staff provided a second-person check on dispensed medicines and they had received training in this role by the lead GP which involved an annual competency assessment. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. Records relating to CDs were detailed and accurately maintained. However, we observed a large quantity of out-of-date or unwanted CDs in the cupboard awaiting destruction. Some of these items had been there for several years. Following the inspection we were informed the practice had arranged for these CDs to be destroyed on 13 June 2016 by the Rotherham CCG pharmacist. The security measures for the CD cupboard keys and access to the dispensary were not adequate. The practice provided photographic evidence of the improvements they had made in this area following the inspection to address these issues which included the provision of a secure key cupboard.
- There was a clear policy for ensuring that refrigerated medicines and vaccines were kept at the required temperatures. However, we noted the practice had one medicines refrigerator in the dispensary which had an uncalibrated thermometer to check the temperature. There were also separate vaccines refrigerators at all three sites which used also only had one thermometer although these had been calibrated annually. Public Health England guidance states if only one thermometer is used to record temperature for vaccines refrigerators then this should be calibrated monthly. Following the inspection the practice told us they had arranged for new thermometers to be delivered on 27 May 2016.
- Ambient room temperatures in areas where medicines were stored were not recorded. This should be done to ensure that medicines are not stored at temperatures above 25 degrees centigrade. The practice advised us they had provided thermometers for all rooms containing medicines immediately after the inspection.

Requires improvement

Are services safe?

- The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we found a small amount of electrical equipment, for example, a kettle, which may not have been checked as they did not have a label with the date they were last tested as found on other equipment. We also found not all the automated external defibrillators (AED) had been calibrated. The practice told us this was arranged immediately after the inspection with loan equipment provided in the interim. There was evidence of regular checks to ensure the AEDs were in working condition. 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 at each site 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 and was updated annually. A copy of the plan was held at the GPs home.

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. We saw evidence new guidance was discussed at clinical meetings.
- The practice monitored that these guidelines were followed through the audit process and ensured good practice guidance was consistently followed through the use of templates for long term condition reviews.

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 98.6% of the total number of points available.

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 98.6%, which was 12% better than the CCG average and 5% better than the national average.
- Performance for mental health related indicators was 99.9%, which was 9% better than the CCG average and 7% better than the national average.
- The practice had scored 100% in the majority of indicators relevant to the care of older patients and those with long term conditions.

The practice were able to show QOF results for 2015/16 (not yet published) which showed they had maintained the level of service and achieved similar results.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence the annual clinical audit programme was planned in advance. The practice held a planning meeting to review the previous year's performance and to plan the annual audit programme related to any areas for improvement.
- There had been 16 clinical audits completed in the last 12 months where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, a significant event identified a patient had been prescribed a medicine for longer than the recommended 12 months. As a result an audit was completed of all patients prescribed this medicine and this identified a small number of patients who required a review of their medicines. The practice had re-audited this area twice since the initial audit. They had found improvements in that there had been no other patients taking this medicine inappropriately for longer than 12 months.

Information about patients' outcomes was used to make improvements such as:

- Looking at variety data to support and improve prescribing and monitor admissions to hospital using data from the CCG. They had used admission data to improve the number of patients with long term conditions whose care and treatment was reviewed within three days of hospital admission. For example, in May 2014 three patients were reviewed, in May 2015, 12 patients were reviewed and in May 2016, 34 patients had been reviewed.
- Using the health care intelligence tool, reporting analysis and intelligence delivering results (RAIDR) to identify patients care needs. For example, they had used this to identify and review patients with raised blood pressure but who were not on treatment.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- The dispensary was staffed by two dispensers both qualified to NVQ level two. A third dispenser covered absence but was not qualified to NVQ level two standards. Dispensary staff were appraised annually. However, their competency to work in the dispensary was not assessed. The DSQS requires that dispensers receive an annual appraisal of their competence which is signed off by the practice manager or lead GP. The practice advised following the inspection that they had arranged for an independent competency check for these staff and were reviewing the training requirements for the person providing cover.
- 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. 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.
- This is a training practice for qualified doctors intending to become General Practitioners and for hospital doctors (who may or may not go on to become General Practitioners) to gain experience in family medicine. Student GPs and foundation doctors from Rotherham and North Nottinghamshire accessed placements at the practice. The practice had five GP trainers and one trainer for foundation year two (F2) doctors. At the time of the inspection there were four GP trainees and one F2 doctor working at the practice. The trainees were provided with training and support through weekly combined and individual tutorials. Each had a designated person to supervise and debrief them after each surgery session and a reduced patient list. The trainees were provided with an induction pack and induction 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. We received evidence of positive feedback from health and social care staff who worked with the practice on a regular basis. The information provided showed the practice was proactive in working within a multidisciplinary team and showed the practice worked in a holistic way to ensure the most appropriate care for patients.

Multidisciplinary meetings, to discuss care needs of patients with long term conditions, took place fortnightly with other health and social care professionals. The practice also held monthly palliative care meetings which included McMillian nurses and members of the palliative care team. Care plans were routinely reviewed and updated at these meetings. We were advised by visiting health professionals that these meetings were well attended and were well organised.

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. The practice had a contraception template that that prompted the clinician to record if a young patient was competent to make a decision. However, the practice did not use the contraception templates routinely.

- 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 practice used consent forms for treatments such as contraceptive devices and implants and cryotherapy.

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.
- The practice hosted a number of services including weekly alcohol and substance misuse clinics, mental health support through the improving access to psychological treatment service (IAPT), aortic aneurysm screening and health trainer clinics, to support patients with lifestyle choices. They also provided podiatry, and physiotherapy sessions. This enabled the patients to have their treatment locally.
- One of the GPs had an interest in yoga as a tool for self-care in conditions relating to depression and anxiety. The practice had implemented a yoga group at the practice in June 2015. Classes were held weekly by an external trainer with use of a room at the practice and up to 20 patients attended. Such was the interest a second class was being considered. A survey of the patients showed the patients had found these sessions to be mentally and physically beneficial.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78%. 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 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 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.

The practice told us childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given ranged between 93% and 98%. They said the practice nurses and health care assistants provided a one stop clinic providing the new-born baby and mother health check together with first immunisations which had assisted in achieving the immunisation compliance rate.

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. Staff had received customer care training.
- The practice supported children under 16 years of age to use the service. The practice had completed a survey at local secondary schools and produced a leaflet which explained the services available at the practice. The leaflet emphasised the confidential nature of GP consultations.

Results from the national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. The practice was below average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

However, all but one of the 24 patient Care Quality Commission comment cards we received on the day of the inspection 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The patients we spoke with were also positive about their experience of the care and treatment they received.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients did not always feel involved in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% national average of 85%.

However, on the day of the inspection 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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them although some said medicine side effects were not always explained. They said they had had discussions about long term health conditions and where appropriate, had been offered health screening.

Patient feedback from the comment cards we received was also positive and aligned with these views.

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

Good

Are services caring?

- Staff told us that telephone interpretation services were available for patients who did not have English as a first language.
- The practice had a well-developed website with links to health information and a translate page function which translates the information on the website into different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice had been proactive in identifying patients as carers and used a variety of methods such as data from the long term conditions assessment template, questions on the invite for flu vaccinations and on consent letters. This information was then coded and logged on patient records. They had identified 813 carers, including 72 added in the last year, which was almost 4% of the patient list.

The practice's computer system alerted GPs if a patient was also a carer. When a carer rang for an appointment a pop up on the computer screen enabled the receptionist to identify when a patient is a carer which assisted them to offer an appropriate appointment. We saw there was written information in the practice and on the web site to direct carers to the various avenues of support available to them. The practice worked closely with health and social care organisations to ensure patients holistic needs were met. They practice hosted monthly clinics by Rotherham Carers Resilience service and Crossroads carers support service which carers could attend for support and advice and invited staff form these organisations to multidisciplinary meetings. We saw evidence from these organisations which confirmed the practice proactively identified patients social care needs and made appropriate referrals for services and support.

The staff had an understanding of the needs of dementia patients and had participated in a dementia friend's workshop in June 2015.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice managers were part of the provider forum and the information group.

- The practice engaged with local enhanced services such as the Care Home local enhanced service.The practice had had initiated this service in 2013 prior to the enhanced service being provided by the CCG in 2015 to give continuity of care for patients. They had ensured continuity by providing a set visit day and time with the same GP. They had also provided an additional support visit on a Friday for one home with patients with complex needs to address any issues prior to the weekend. We spoke with the care homes attended by the GPs and the care home staff told us this arrangement worked to the benefit patients and their families. For example, patients living with dementia now recognised their GP and were involved in their care plan and they said patients seemed reassured by this.
  The staff from the care homes also said this service had reduced the need for their patients to attend the accident and emergency department and had reduced use of the out of hour's service. Care home staff also told us there was an improved rapport with the GPs and they felt confident asking them for any advice. The data relating to acute admissions to hospital showed a showed a significant reduction in admissions from each home, year on year, since implementation.
- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were scheduled longer appointments available every day for patients with a disability or where English was not their first language.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available and a translate page function on the website.

Access to the service

The practice was open Monday to Friday 8.30am to 6.30pm. The reception was open at Dinnington and North Anston Monday to Friday 8am to 6.30pm and at Woodsetts Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Wednesday 8.15am to 12pm midday.

Extended hours were provided at Dinnington and North Anston Surgeries on a Monday evening: 6.30pm to 8pm.

When the branch sites were closed, telephone calls were automatically passed through to the main site. When all surgeries were closed patients were advised to call NHS 111 service.

The practice operated a varied daily appointment system including, GP telephone triage, sit and wait sessions, nurse minor illness clinics and specific daily appointment slots for medicine reviews, sick note requests and for those who required a longer appointment due to complex needs. Appointments could be pre-booked up to three weeks in advance and online appointments were available.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

The practice was aware of the survey results and had developed a detailed action plan and had worked with the patient participation group (PPG) to improve the patient experience. They had installed a new telephone system in the last two years. However, they had found this had not improved patient satisfaction and they were working with the telephone provider to further improve the system. The practice had conducted an audit of call volumes and a

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient satisfaction survey. They had reviewed the appointments offered to improve access and had employed an advanced nurse practitioner in February 2016 to extend the availability of appointments.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them. However, although some people told us the system had improved the main concerns raised by patients were not being able to pre-book appointments. Patients said this had impacted on them not being able to get an appointment with a GP of their choice.

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.

All requests for a home visit were recorded and triaged by a GP.

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 on the website, in the patient information booklet displayed in the practice and on a poster in one surgery.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way and there was openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice had received some complaints about access by telephone. They had reviewed this with the PPG and a new telephone system had been provided and complaints in this area had been reduced. The practice had continued to monitor this situation and further improvements to the telephone system were planned.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was proactive in monitoring the outcomes and experience of the patients to inform their plans for the service.

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. The practice used information from data monitoring and best practice guidance to develop an annual audit plan.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found improvements were required in the dispensary and in infection prevention and control.

Following feedback after the inspection the practice took immediate action in a number of areas to address shortfalls identified. They provided an action plan and evidence, including photographic evidence, of some of the changes they had implemented.

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 had been established in 2007. They had 18 members and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They had engaged with a local

Are services well-led?

Good

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

school and had encouraged membership from two younger patients through this. The group was advertised on the website and practice guide and the group communicated to patients via a column in the practice newsletter. However, we did not see any information displayed in the surgeries. Members of the PPG told us they felt they were fully supported by the practice and had been involved in the changes For example, to the telephone system, changing how information was obtained from people by reception staff and the provision of a new chair for the phlebotomy service at Woodsetts Surgery. The Chair of the PPG was a member of the local PPG network and attended meetings.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 closely monitored their performance through nationally recognised data such as QOF and through extensive audits of their performance. They closely monitored information relating to patient experience such as complaints and survey data. We saw detailed action plans had been developed in response to findings in order to improve the service. They shared the information widely and involved staff and patients in improvements to the service. They were innovative in providing services to improve outcomes for patients. For example:

We saw some outstanding practice to support patients such as the support provided to care homes locally. The practice had implemented a care home service in a way that gave continuity of care for patients. They had done this by providing a set visit day and time with the same GP. We spoke with the care homes attended by the GPs and they told us this arrangement worked to the benefit patients and their families. They also said this service had reduced the need for patients to attend the accident and emergency department and use of the out of hour's service. The data relating to acute admissions to hospital showed a showed a significant reduction in admissions from each of the care homes they attended, year on year, since implementation. The practice had provided this initiative since 2013 without any extra remuneration although since April 2016 Rotherham CCG had provided extra payments for care home patients.

One of the GPs had an interest in yoga as a tool for self-care in conditions relating to depression and anxiety. The practice had implemented a yoga group at the practice in June 2015. Initially this was initiated as a support for staff but was extended to patients in January 2016. Taster sessions were held for patients and a questionnaire was completed to enable a suitable programme to be developed. Classes were held weekly by an external trainer with use of a room at the practice and up to 20 patients attended and such was the interest a second class was being considered. A survey of the patients showed the patients had found these sessions to be mentally and physically beneficial. The GP who had implemented the sessions had shared the information with a local university and they were considering a research project on the benefits for patients.