

Mexborough Health Centre

Quality Report

Health Centre
Mexborough
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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?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Mexborough Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mexborough Health Centre on 16 August 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.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, an infection prevention and control audit had not been completed. The practice did not have a copy of the legionella risk assessment and were unaware of the actions they should be taking to reduce the risk of legionella. The practice did not have a fire risk assessment for the areas of the building they occupied.
- 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.
- The practice had reviewed its appointment system following feedback from patients 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.
- There had been some recent changes to the practice leadership and managerial structure. A salaried GP had become a partner and the practice manager was

Summary of findings

new in post. Staff were clear about the leadership structure and 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 one area of outstanding practice:

- A member of the patient participation group (PPG) had completed the expert patient programme and facilitated a creative well being group for patients and their carers registered at the practice and from the local area supported by other members of the PPG and practice staff. The group met weekly and provided those who attended with the opportunity to take part in various creative activities. People spoke very enthusiastically of the sessions and we were told how attendance had increased and how it benefited those attending and helped to address social isolation.

The areas where the provider must make improvement are:

- Ensure an infection prevention and control audit and fire risk assessment is completed and actions implemented in accord with the findings.
- Ensure environmental risk assessments are completed, particularly for areas highlighted on the risk log.
- Obtain copies of the legionella risk assessment and ensure actions identified are completed.

The areas where the provider should make improvement are:

- Review processes to ensure patients are informed of availability and the role of chaperones.
- Review the processes for staff appraisals to guarantee they are undertaken regularly.
- Monitor patient satisfaction with GPs and take action where appropriate to address feedback.
- Keep records of all staff indemnity arrangements.

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.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, an infection prevention and control audit had not been completed. The practice did not have a copy of the legionella risk assessment and were unaware of the actions they should be taking to reduce the risk of legionella. The practice did not have a fire risk assessment for the areas of the building they occupied.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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. However a log of actions taken in response to best practice guidelines was not kept.
- Patient reviews demonstrated some quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Due to managerial changes at the practice administrative staff had not had an appraisal in the last two years and nursing staff three years. We were told this had been identified and scheduled for September 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice slightly below others for some aspects of care. However this did not reflect feedback from patients on the day of inspection.

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 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.
- Patients said they found it easy to make an appointment and urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was not readily available. However we were shown a notice to be placed in reception. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had recently reviewed the vision and strategy to deliver high quality care and promote good outcomes for patients.
- There had been some recent changes to the practice leadership and managerial structure. A salaried GP had become a partner and the practice manager was new in post. Staff were clear about the leadership structure and felt supported by management.
- Practice specific policies were implemented and were available to all staff. We noted some were overdue a review. The practice manager told us they were in the process of cataloging, reviewing and updated practice policy and procedure.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough. For example the practice did not have sight of a fire risk assessment and a legionella risk assessment.

Requires improvement



Summary of findings

- 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.

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.

- All older patients had a named GP.
- 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.

Good



People with long term conditions

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

- Practice nursing staff had lead roles in long term condition review and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 4% above the CCG average and 10% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 81%.

Good



Summary of findings

- 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 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 people how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.
- A member of the patient participation group (PPG) had completed the expert patient programme and facilitated a creative well being group for patients and their carers registered at the practice and from the local area supported by other members of the PPG and practice staff. The group met weekly and provided those who attended with the opportunity to take part in various creative activities. People spoke very enthusiastically of the sessions and we were told how attendance had increased and how it benefited those attending and helped to address social isolation.

Good



Summary of findings

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 living with dementia).

- Of those experiencing severe poor mental health 90% had a comprehensive care plan in place which was higher than the CCG average of 89% and the national average of 88%.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 July 2016 showed the practice was mostly performing comparably for access and below average for overall experience compared to local and national averages. 233 survey forms were distributed and 103 were returned. This represented 1.7% of the practice's patient list.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were positive about the standard of care received. Comments included 'very helpful staff', 'I always get good care' and 'staff listen and treat me with dignity and respect'. Two less positive comments related to access to appointments with GP's over running and lack of GP appointments.

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

Mexborough Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and GP specialist adviser.

Background to Mexborough Health Centre

Mexborough Health Centre is located in Mexborough on the outskirts of Doncaster. The practice provide services for 5,870 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the second most 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 three GP partners, two female and one male. They are supported by a practice nurse, a healthcare assistant, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday and from 8am to 1pm on Thursdays. Early morning and late evening appointments are available on weekdays by request and appointments with GPs are available during the lunchtime period. Appointments with all staff are available during the practice opening hours. A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are 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. Calls to the practice on Thursday are triaged by Care UK and directed to appropriate care providers.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

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 16 August 2016. During our visit we:

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports 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 for reviewing changes to patient medications was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw this was discussed at the practice meeting and shared with staff who attended. Staff were briefed of incidents at the quarterly full team meeting.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined 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 adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three.

- We did not observe a notice in the waiting room or treatment rooms to advise patients that chaperones were available if required. However, staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly audits of areas cleaned were undertaken. We asked to see an annual infection prevention and control audit and told one could not be located. The practice manager told us this would be reviewed. We noted soap dispensers were wall mounted, taps were operated by elbow levers and there were no plugs in the sinks. In addition staff told us they had access to adequate supplies of personal protective equipment. We noted there were gloves available for staff in reception when handling specimens from patients.
- 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice 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.

Are services safe?

- We reviewed three personnel files and found all recruitment checks had been undertaken prior to employment other than pictorial proof of identification. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Some risks to patients were assessed and managed and others required improvement.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Staff reported concerns relating to the environment on a risk log which documented the specific actions taken. We asked to see the risk assessments related to the building and were told the practice did not have any. For example, we noted on the risk log staff reported on four separate occasions pools of water collecting in the entrance to the building. We were told this happened when it rained and water was brought into the area through foot traffic. The log documented staff would mop excess water up when this happened. A risk assessment had not been completed.
- We asked to see a fire risk assessment of the areas in the building occupied by the practice. We were told one had not been completed and the practice did not have a copy of the NHS Property Services fire risk assessment of the building. However regular fire drills were carried out, daily checks of fire escape routes completed and the fire alarm was tested weekly. Staff had completed fire awareness training. We noted the practice fire policy was overdue a review from 2009.
- The practice had incomplete 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). We were shown evidence a legionella water test had been completed but the practice did not have a copy of the legionella risk assessment carried out by NHS Property Services to confirm that the actions being taken were adequate to monitor the risk.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 oxygen available on the premises with adult and children's masks. The practice did not have a defibrillator available on the premises. A risk assessment had been completed which identified the risk to be low as the practice next door had one. However, we noted the practice was not co-located in the same building, it was a separate building next door and would take at least three to four minutes to retrieve the defibrillator. 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility companies. We noted the business continuity plan required updating to reflect recent staff changes.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff we spoke with told us they 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. We asked to see the systems in place to keep all clinical staff up to date. The practice manager told us the system was under review as updates had previously been circulated to staff on paper which they initialled to confirm receipt. A log of actions taken was not kept. We were told that GPs took the lead for the individual areas they were clinically responsible for to ensure actions were taken.

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 99.2% of the total number of points available with 9.3% exception reporting which is comparable to the CCG 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 4% above the CCG average and 10% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- The number of patients with a long term condition being admitted to hospital was 3% above the CCG average of 18% and 7% above the national average.

The practice were aware of the higher number of patients being admitted to hospital with a long term condition and we were told there had been a reporting error which was under investigation and preliminary findings indicated incorrect codes had been used.

There was evidence of some quality improvement activity reviewing patient outcomes. There had been seven patient reviews completed annually. Findings were used by the practice to improve services. For example, recent action taken as a result included review of those patients who were a high risk of developing cardiovascular disease to ensure they had a full assessment and risk factors identified so the patient could be provided with health information advice about reducing risks.

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. We noted there had only been one recruit to the practice in the last two years.
- 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 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 and facilitation and support for revalidating GPs and nurses. Not all staff had received an appraisal within the last 12 months. The practice nurse had not had an appraisal for three years and administrative staff within the last two years. There had been a recent change in the management of the practice and the new practice manager told us appraisals were scheduled for September 2016 for all staff following the summer holiday period.

Are services effective?

(for example, treatment is effective)

- 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, 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. As well as internal monthly meetings the practice held quarterly meetings with other health care professionals and patient records were routinely reviewed and updated for those with complex needs. Staff liaised frequently with the community diabetic liaison nurse and respiratory nurse.

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.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.
- A podiatrist held a clinic in the practice three times a week for patients registered at the practice and from the local area. This enabled diabetic patients to have regular foot checks at the practice.
- The community nurses also held a clinic at the practice three times a week for complex dressings and ear care. The patient participation group were instrumental in campaigning to keep this service at the practice for patients and people from the local area.
- Patients with multiple long term conditions attended one appointment to review all of their conditions rather than attending for several appointments.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 81%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and followed up those who did not attend.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 97% to 99%.

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

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 treatment 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were positive about the standard of care received. We spoke with six members of the patient participation group. They also told us they were very 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.

The most recent results from the national GP patient survey showed patient satisfaction with consultations with GPs and practice nurses was lower than local and national averages. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 85%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG and national average 87%).

However this did not reflect what patients told us on the day and comments reported on the comment cards. We were told there had been staff changes at the practice with long standing staff leaving and the practice believed this was reflected in the results of the GP patient survey. The practice manager told us they would review recent results and look at implementing strategies for improvement.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Again this was not reflected in the results from the national GP patient survey. This showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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 in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.3% of the patient population as a carer. All new patients were asked if they were a carer when registering at the practice and the practice had a carer's notice board in the waiting area. Written information was available for carers to direct them to the various avenues of support available. It included

Are services caring?

details of local carer's support groups, community organisations offering support and guidance, a laundry service and details of dementia services available in the local area.

Staff told us if families known to the practice experienced bereavement, their usual GP may contact them. This call was either followed by a meeting at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example, the practice were working with their locality group to improve resources for patients whose circumstances may make them vulnerable.

- The practice offered early morning and evening appointments with a GP by request and appointments with a GP were available during the lunch period on most weekdays.
- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- People requesting same day appointments were triaged by the GP and offered a face to face appointment if required.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- A member of the patient participation group (PPG) had completed the expert patient programme and facilitated a creative well being group for patients and their carers registered at the practice and from the local area supported by other members of the PPG and practice staff. The group met weekly and provided those who attended with the opportunity to take part in various creative activities. People spoke very enthusiastically of the sessions and we were told how attendance had increased and how it benefited those attending and helped to address social isolation.
- Staff were trained as dementia friends.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday and from 8am to 1pm on Thursdays. Early morning and late evening appointments were available on weekdays by request and appointments with GPs were available during the lunchtime period. Appointments with

GPs, practice nursing staff and the healthcare assistants were available during the opening hours. A phlebotomy service with the healthcare assistant was available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had identified from patient feedback access to appointments as an area for improvement. Part of the action taken to address this was to increase the number of same day appointments available.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found lessons were learnt from individual concerns

and complaints. For example, staff reviewing their communication style following feedback from patients and identifying areas for improvement. The practice also recorded verbal complaints and actions taken.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The partners and practice manager had recently reviewed and updated the vision to deliver high quality care and promote good outcomes for patients. We were told this was going to be shared with staff and patients.

Governance arrangements

The practice had an overarching governance framework which mostly 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. We noted some were overdue a review. The practice manager told us they were in the process of cataloging, reviewing and updated practice policy and procedures. We noted they were available to staff within the patient record system and also as hard copies in the reception area.
- A comprehensive understanding of the performance of the practice was maintained and discussed regularly by a GP and practice manager.
- We were told the practice performed regular reviews of patient outcomes but were yet to document this within a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough.
- We asked to see a copy of the practice indemnity arrangements and were told the GPs had their own details. The practice did not have sight of indemnity arrangements for the locum advanced nurse practitioners.

Leadership and culture

There had been some recent changes to the practice leadership and managerial structure. A salaried GP had become a partner and the practice manager was new in post. We were told the managers had identified areas for improvement. The practice manager told us this was yet to be formally documented in an improvement plan.

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 team meetings every three months.
- 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.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

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,

Are services well-led?

Requires improvement 

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

carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group campaigned to keep the community nursing clinics at the practice.

The practice had gathered feedback from staff through an annual staff survey and generally through staff

meetings 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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity and keep adequate documentation.</p> <p>This is because:</p> <p>We asked to see an annual infection prevention and control audit and told the practice did not have one.</p> <p>Staff reported concerns relating to the environment on a risk log which documented the specific actions taken. We asked to see the risk assessments related to the environmental risks and told the practice did not have any. For example, we noted on the risk log staff reported on four separate occasions pools of water collecting in the entrance to the building. We were told this happened when it rained and water was brought into the area through foot traffic. The log documented staff would mop excess water up when this happened. A risk assessment had not been completed.</p> <p>We asked to see a fire risk assessment of the areas of the building occupied by the practice. We were told one had not been completed and the practice did not have a copy of the NHS Property Services fire risk assessment of the building.</p> <p>We were shown evidence a legionella water test had been completed but the practice did not have a copy of the legionella risk assessment carried out by NHS Property Services to confirm the actions being taken were adequate to reduce the risk. and actions it should be taking to reduce the risk of legionella.</p>

This section is primarily information for the provider

Requirement notices

This is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (1) (2) (b) (d) (i) (ii) (f).