

Dr Mellor and Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mellor and Partners on 7 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us that 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.

- Patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw four areas of outstanding practice:

The practice had a staff incentive scheme where staff could put forward their ideas to improve the service and if the idea worked, they were given a financial reward. For example, two members of staff designed a new form for referrals to the hospital. This was more streamlined and made it easier to capture the necessary information. This form was implemented and the staff were rewarded.

The practice worked closely with a home for people recently released from prison. Each of these patients was given an appointment with a named GP who worked

Summary of findings

together with the patient and their key worker to enable appropriate care and support to be given. Follow up was arranged and signposted to other services where necessary.

At the request of the patient participation group (PPG) all staff had received training in sensory awareness and this was shown to be beneficial for the patients. We were told that when one patient attended the practice with a white stick with red bands on it, the receptionist recognised this as a sign that the patient was both visually and hearing impaired and she went to offer assistance. Following this training, adaptations had been made within the practice, such as installing high visibility toilet seats. In addition to the hearing loop in reception they also had a portable hearing loop and portable microphones for consultations. The font size used for patient letters was

increased to make them easier to read for those with poor eyesight. Patients told us this was useful in maintaining confidentiality as they didn't have to ask other people to read the letter for them.

The practice offered a Chaplain service run by the local rector. This provided prompt access to a listening service that offered support or signposting, exploring the issues which were important to the patient. This was available to staff, patients and carers, irrespective of faith. It could be accessed by self referral or by referral from a member of staff. Patients told us this service was very easy to access and they felt more comfortable as the Chaplain service was less clinical than most services

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of two members of staff not having documented evidence of application for the appropriate checks through the Disclosure and Barring Service. Following the inspection, the practice manager provided evidence that assured us this had been done.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 comparable to others for all aspects of care.

Summary of findings

- Patients told us 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 offered a Chaplain service run by the local rector. This provided prompt access to a listening service that offered support or signposting, exploring the issues which were important to the patient. This was available to staff, patients and carers, irrespective of faith. It could be accessed by self referral or by referral from a member of staff. Patients told us this service was very easy to access and they felt more comfortable as the Chaplain service was less clinical than most services

Are services responsive to people's needs?

The practice is rated as outstanding 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 told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. If a child was unwell and no appointment was available within the next two hours, the on call GP would call the parent or carer to discuss the problem and would see them sooner if required.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Following a request from the PPG all staff had attended training on sensory awareness and the practice had made several adaptations to assist patients with sensory impairment.
- The practice worked closely with a home for people recently released from prison. Each of these patients, once registered with the practice, was given a named GP and an appointment. They worked together with the patient and their key worker to enable appropriate care and support to be given.
- 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.

Outstanding



Summary of findings

Are services well-led?

The practice is rated as good for being well led.

Good



- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 upon. 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people within its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The font used for letters to all patients had been enlarged to assist those with poor eyesight and we were told by patients on the day of the inspection that this simple change had been beneficial to them, maintaining confidentiality as they do not have to ask someone else to read the letter for them.
- Signs within the practice had been made easier to see and posters asking for patient feedback were also in a high visibility format with a large font.
- There were chairs available with arms on to assist those with limited mobility.

People with long term conditions

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

Good



- The GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. They encouraged self management, particularly with patients who had a diagnosis of type two diabetes, by using the Year of Care Programme.
- Performance for diabetes indicators at 86% was 2% above the CCG average and 3% below the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances or 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.
- In the last 12 months 69% of patients diagnosed with asthma had a review of their care which is comparable to local and national averages.
- Patients told us children and young people were treated in an age appropriate way and were recognised as individuals and we saw evidence on the day of the inspection to confirm this.
- Appointments for childhood immunisations could be made at any time, rather than a designated clinic.
- 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 and health visitors.

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.
- The practice offered extended hours from 7.30am to 8.00am on a Tuesday, Wednesday and Friday for working patients who could not attend during normal opening hours. The practice also offered lunchtime appointments at the request of the patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked closely with a home for people recently released from prison.
- All staff had received training in sensory awareness.

Outstanding



Summary of findings

- Adaptations had been made throughout the practice for patients with sensory impairments.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of people whose circumstances could make them vulnerable.
- People whose circumstances could make them vulnerable had been advised how to access various support groups and voluntary organisations, such as those for advice on substance misuse, housing or debt problems.
- 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.
- The practice offered a GP chaplain service run by the local rector.

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).

- In the last 12 months 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting. This is 10% higher than the CCG and national average.
- Performance in the mental health indicators are comparable with national averages.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health had been advised 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.
- All staff had received training in how to support patients living with dementia. On the day of the inspection we spoke with a carer of a person living with dementia. They told us that all the staff were understanding and supportive.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. Out of the 269 survey forms distributed, 118 were returned. This represented 1% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone (CCG average of 64%, national average 73%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, 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 13 CQC comment cards which were all positive about the standard of care received; one respondent commented that it was difficult getting through on the telephone.

We spoke with seven patients during the inspection. All these patients told us they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Mellor and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second inspector and a GP specialist adviser.

Background to Dr Mellor and Partners

Dr Mellor and Partners is situated in a semi rural area on the outskirts of Barnsley in the village of Darfield. Purpose built in 2004; it has a car park and easy access throughout.

The practice provides care for 12214 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

We also visited the branch surgery, Woodgrove Surgery. This is approximately four miles away in Wath upon Dearne, Rotherham.

The practice catchment area has been identified as one of the fourth most deprived areas nationally.

There are 8.5 whole time equivalent GPs supported by a practice manager, an assistant practice manager, two female practice nurses, three healthcare assistants and a team of administration and reception staff.

The practice opening hours and surgeries are 8.00am to 6.30pm Monday to Friday. Appointments are available all day, including lunchtime appointments. The practice provides extended hours from 7.30am to 8.00am on a Tuesday, Wednesday and Friday. Longer appointments are available for those who need them and home visits and telephone consultations are available as required. Text

reminders are sent prior to appointments to patients who have signed up for this service. Pre bookable appointments are available two weeks in advance for GPs and six weeks in advance for nurses.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury from Garland House Surgery, 1 Church Street, Darfield, Barnsley S73 9JX and the branch Woodgrove Surgery, 2 Doncaster Road, Wath upon Dearne, Rotherham S63 7AL.

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.

Detailed findings

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 7 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, a nurse, the practice manager, assistant practice manager and receptionist. We also spoke with patients who used the service.
- Observed interactions between patients and staff and talked with carers and 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.

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 complete a recording form that was available on the computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event, it was decided to clearly label the oxygen masks to make them easier to access quickly. Along with the masks, the rest of the emergency equipment was clearly labelled and was very easy to access in an emergency by any member of staff.

When there was unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to safeguarding children level three.

- 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 although they had not received a Disclosure and Barring Service check, there was a risk assessment in place.
- 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 (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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 nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed five recruitment files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body had all been checked. However, we noted that two members of staff did not have documented evidence of application for the appropriate checks through the Disclosure and Barring Service. Following the inspection, the practice manager provided evidence that assured us this had been done.
- 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.

Monitoring risks to patients

Are services safe?

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC 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 that 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.

- The practice kept medicines and equipment for use in a medical emergency. These were all in line with the Resuscitation Council UK and British National Formulary (BNF) guidelines. All staff knew where these items were kept.
- The practice had an Automated External Defibrillator available on the premises (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).
- Medical emergency oxygen was available with clearly labelled adult and children's masks. A first aid kit and accident book were also available.
- All staff received annual basic life support training and all clinical staff had received annual training in the use of an AED.
- We saw the practice kept recording logs which indicated when the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked. This ensured the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 95.7% of the total number of points available, with 11.7% exception reporting which is higher than the CCG average of 8.5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators at 86% was comparable to the CCG average of 84% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests at 81% was comparable to the CCG average of 81% and national average of 84%.
- Performance for mental health related indicators at 89% was comparable to the CCG average of 83% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two of these were two cycled audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services.

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. It covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 and were actively encouraged to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, 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 procedures, basic life support and information governance awareness. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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 saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was equal to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 97% to 100%. The practice manager told us the practice was trying to improve the uptake of childhood vaccinations by offering daily appointments at the practice rather than at a specific weekly clinic to enable patients to attend at a convenient time. .

Flu vaccination rates for the over 65s were 67%, and at risk groups 47%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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 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 area to discuss their needs.
- We observed staff assisting a patient who was concerned about forgetting an appointment. The appointment was written down and the mobile telephone number of the patient was checked to ensure they would receive a text message to remind them they had an appointment.

All of the 13 CQC patient comment cards we received were positive about the service experienced. Patients we spoke with on the day of the inspection told us they felt the practice offered an excellent service. They told us staff were helpful, caring and treated them with dignity and respect. We spoke with the parent of a patient with a learning disability who told us that the staff were always helpful and kind and they felt supported. We also spoke with a carer of a patient living with dementia, they told us that they felt they could contact the practice for support when they needed it and the staff were patient and caring.

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

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

- 94% said the GP was good at listening to them (CCG average of 88% national average 89%).
- 91% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

The practice was rated slightly higher than local and national averages, for example:

- 91% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average of 86%).
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

Staff told us that interpreter 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.

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 0.5% of the practice list as carers and they were aware this number was low for the patient population. We were told by staff that they were actively looking for people who possibly did not realise they were carers. There was information in the practice newsletter and staff would ask about caring responsibilities, for example, if someone regularly collected

prescriptions for a patient. Patients were given a carers identification form, which explained what being a carer is and offered a health check and a referral to social services for an assessment if this was wanted.

Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement they were sent a sympathy card and if required this was followed by a patient consultation at a flexible time and location to meet the family's needs. There was access by referral or self referral to the Chaplain who could offer support with bereavement in a timely way, in the village. This was available to all, regardless of faith. Patients told us that this service made them feel comfortable as it was less clinical than other services.



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 offered extended hours from 7.30am to 8.00am on a Tuesday, Wednesday and Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these and found it difficult to access the service.
- Same day appointments were available for children and those with serious medical conditions. If a child under the age of two years old was unwell and no appointment was available within the next two hours, the on call GP would call the parent or carer to discuss the problem and would see them sooner if required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Interpreter services were available.
- The practice had a lift to ensure easy access to the upper floor. The whole building was accessible.
- Following a request from the PPG, all staff had received training in sensory awareness. This had been shown to be beneficial. For example, we were told that when one patient attended the practice with a white stick with red bands on it, the receptionist recognised this as a sign that the patient was both visually and hearing impaired and she went to offer assistance.
- Adaptations had been made within the practice following this training, such as installing high visibility toilet seats for patients with visual impairment. For patients with hearing impairments they had the hearing loop in reception and they also had a portable hearing loop and portable microphones for use in consultations.
- Signs within the practice had been made easier to see and posters asking for patient feedback were also in a high visibility format with a large font.
- The font used for letters to all patients had been enlarged to assist those with poor eyesight. We were

told by patients on the day of the inspection that this simple change had been beneficial to them, maintaining confidentiality as they do not have to ask someone else to read the letter for them.

- The practice worked closely with a home for people recently released from prison. When people moved into this home, they registered with Dr Mellor and Partners straight away. Each of these patients were given an appointment with a named GP who worked together with the patient and their key worker to plan appropriate care and enable support to be given. Longer appointments were given if the patient had complex needs and follow up appointments were given to ensure continued support. They were also referred to other agencies as necessary.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available all day, including lunch time appointments. The practice provided extended hours appointments from 7.30am to 8.00am on a Tuesday, Wednesday and Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance for GPs and six weeks in advance for nurses, urgent appointments were also available for people that needed them. Text reminders were sent prior to appointments to patients who had signed up for this service.

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

- 76% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 75%).
- 62% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 49% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

This survey represented 1% of the practice population. Patients told us on the day of the inspection they were able to get appointments when they needed them and they told us they were given a choice of GP.

Listening and learning from concerns and complaints



Are services responsive to people's needs?

(for example, to feedback?)

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The registered 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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs and the management in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice by offering a financial incentive scheme.

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

The practice encouraged and valued feedback from patients, the public and staff. They 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at the request of the PPG, all practice staff were trained to understand the needs of patients living with dementia.
- The practice had developed a feedback form which was available for patients in the reception area. The receptionist told us following comments on these forms, lunchtime appointments were offered.
- The practice had gathered feedback from staff through regular meetings and annual team building days. The practice also had a staff incentive scheme where staff could put forward their ideas to improve the service and if the idea worked, they were given a financial reward. For example, two members of staff designed their own referral form for referrals to the hospital. This was more

Are services well-led?

Good 

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

streamlined and made it easier to capture the information necessary. This form was implemented and the staff were rewarded. Staff told us they felt this system encouraged them to put forward ideas .

- 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 strong 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.