

Arksey Lane Surgery

Quality Report

2 Arksey Lane

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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?

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 Arksey Lane Surgery on 1 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 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 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.
- Patients said 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.

- There was a clear staff structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Records were not always kept up to date. For example the practice did not have an up to date list of all training and events staff attended.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice offered daily walk in morning appointments with GPs at Scawsby Health Centre and Arksey Lane Surgery. Patients would book into the practice on arrival and sit and wait to be seen. They told us they were often given the choice of GP they wished to see. Patients told us this service was marvellous as they did not have to telephone or contact the practice for an appointment.

The areas where the provider should make improvement are:

- Review the actions identified in the infection prevention and control audit and identify a reasonable time frame for completion which is regularly reviewed.

Summary of findings

- Improve record keeping systems to maintain accurate records, in particular in relation to practice indemnity arrangements and new patient group directives.

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 a 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 managed.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice was working with the other GPs in its locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day .
- Attendance at accident and emergency for patients registered at the practice was 19% below the local average.
- 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.

Are services well-led?

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

Good



- Practice staff told us their vision was to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice had a number of policies and procedures to govern activity. An annual review of complaints, incidents and feedback to the practice to detect themes was not held.
- 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 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.

- 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. Requests for home visits were taken at any time of the day.

Good



People with long term conditions

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority. The practice reviewed patients at risk of hospital admission every two weeks along with two other practices in the area to ensure the best care for the patient.
- Performance for diabetes related indicators was 93% which was 3% below the CCG average and 4% 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.
- The number of patients diagnosed with asthma who had a review in the the last 12 months was comparable to the local and national averages.

Good



Summary of findings

- 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 82%, which was comparable to the CCG average and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 patients diagnosed as living with dementia, 87% had their care reviewed in a face to face meeting in the last 12 months, which is 3% above the national average
- 76% of patients with mental health problems had an agreed care plan in place.
- 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 with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 were for both Arksey Lane Surgery and Scawsby Health Centre. The results showed the practices were performing above local and national averages. 273 survey forms were distributed and 116 were returned. This represented 1.9% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards for both locations which were all very positive about the standard of care received. We spoke with nine patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Arksey Lane Surgery

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 GP specialist adviser and a practice manager specialist adviser.

Background to Arksey Lane Surgery

Arksey Lane Surgery is located in Bentley on the outskirts of Doncaster. The practice provides services for 5,909 patients under the terms of the NHS General Medical Services contract. The partners at this practice have another practice at Scawsby Health Centre Practice, Barnsley Road, Scawsby, Doncaster DN5 8QE. Both practices have one patient list and patients can be seen at either location. The practice catchment area for both practices is classed as within the group of the fifth less 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 is open between 8.30am to 6pm. Walk in appointments are available with GPs from 9am to 10am at Arksey Lane Surgery and from 10.15am to 11.30am at Scawsby Health Centre. Bookable afternoon appointments with GPs are available at both locations. Evening appointments with GPs are available at Scawsby Health Centre on Mondays from 6.30pm to 8pm. Bookable appointments with practice nurses, the healthcare assistant and phlebotomist are offered at various times

throughout the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

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 at the practice. We were told this was being addressed and they were in the process of adding a new partner to their registration with us.

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 1 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nursing staff, practice manager and administrative 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 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 those 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 there was a recording form available on the practice's computer system.
- The practice carried out an 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, we were told how the process to scan paper patient records was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were stored on the practice computer system which was accessible to all.

When there were 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 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. Not all practice nurses had completed level two safeguarding training for children as recommended in the Safeguarding Children and Young people: roles and competences for health

care staff Intercollegiate document (Third edition: March 2014). The practice manager confirmed this was completed on 2 and 3 March 2016. GPs were trained to Safeguarding 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 had received a Disclosure and Barring Service check (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 whose circumstances may make them vulnerable).
- The practice maintained some 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 IPC 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. We noted the last IPC audit was completed in May 2015. Actions identified from the audit were documented within it and not within a separate action plan. Although we saw evidence actions had been completed, the date was not recorded when. Other actions were still outstanding and there was no time frame identified to complete them within. For example, we noted an action to refurbish the staff reception area had not been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out some 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 but they were not tracked through the practice and their use monitored. We were told a system to monitor their use would be set up during our visit. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We observed not all of the PGDs had been signed by the authorised GP prescriber. We raised this with the registered manager and observed them being signed straight away.
- We reviewed recruitment files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- 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

Risks to patients assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked the same days every week and covered each others' leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 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.

Management, monitoring and improving outcomes for people

Both practices 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 combined published results for Arksey Lane Surgery and Scawsby Health Centre were 95.4% of the total number of points available, with 6.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 93% which was 3% below the CCG average and 4% above the national average.
- All patients with hypertension had regular blood pressure tests. This was 1% higher than the CCG average and 2% than the national average.
- The practice population attendance rates at accident and emergency was 19% lower than the CCG average.
- Performance for mental health related indicators was 15% below the CCG average and 12% below the national average.
- The practice prescribed 14% more antibacterial prescription items than the national average. It prescribed 4% less quinolones and cephalosporins (types of antibiotic) than the CCG average.
- Attendance at accident and emergency for patients registered at the practice was 19% below the local average.

We were shown the QOF achievements for the current year 2015/16. They demonstrated improvement with mental health related indicators and the registered manager told us they had also reviewed antibiotic prescribing and were comparable to other practices in the area.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included holding bi-monthly review of patients admitted to hospital in an emergency with two other practices. This reviewed the care provided to the patient by the practice and shared learning where improvements could be made.

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 it 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 on line resources and discussion at training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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 intranet system.

- 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.

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. A well being practitioner held a clinic once a week at the practice to support patients through talking therapies.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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 100% and five year olds from 90% to 100%.

Flu vaccination rates for the over 65s were 78%, and at risk groups 61%. These were also above 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 40–74. 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 not provided in all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Staff told us when they used the examination room without curtains they would lock the door and stand with their back to the patient whilst they were undressing.
- 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.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- All said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91 %).
- 95% said they found the receptionists at the practice helpful (CCG and national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt very 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. Results were in line with local and national averages. For example:

- 91% 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%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%).
- 92% 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.

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

Staff told us if families experienced bereavement, the practice manager may contact them. This call may be followed by a meeting at a flexible time and location to meet the family's needs.

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 was working with the other GPs in their locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.

- They offered daily walk in morning appointments with GPs at Scawsby Health Centre and Arksey Lane Surgery. Patients would book into the practice on arrival and sit and wait to be seen. They told us they were often given the choice of GP they wished to see. Patients told us this service was marvellous as they did not have to telephone or contact the practice for an appointment.
- The practice offered evening appointments with the GP until 8pm on Mondays for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these and could be requested at any time of the day.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and interpretation services available.
- Practice staff were dementia trained and sensitive to the needs of patients living with dementia.

Access to the service

The practice was open between 8.30am to 6pm. Walk in appointments were available with GPs from 9am to 10am at Arksey Lane Surgery and from 10.15am to 11.30am at Scawsby Health Centre. Bookable afternoon appointments with GPs were available at both locations. Evening appointments on Mondays with GPs were available at Scawsby Lane Health Centre from 6.30pm to 8pm.

Bookable appointments with practice nurses, the healthcare assistant and phlebotomist were offered at various times throughout the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 56 %, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them and they valued the open morning surgeries with GPs.

Listening and learning from concerns and complaints

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

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

We looked at complaints received in the last 12 months and found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We noted the written responses did not include the details of the Parliamentary Health Service Ombudsman for patients to contact if they were not happy with their complaint response. Patients we spoke with told us they never had the need to make a complaint.

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 statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values staff had taken time out to contribute to and staff told us this happened informally at the practice meetings where all staff contributed.

We were told the practice did not have a practice improvement plan or long term business plan.

Governance arrangements

The practice had policies and procedures which contributed towards a governance framework to support the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were available to all staff on a shared computer drive and paper copies were also kept. Staff worked in multidisciplinary teams to review practice performance and each team were responsible for different areas of QOF. GPs took the lead in different clinical areas.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We were told the practice was yet to develop an action plan which contained improvements to the building and premises, IPC, infection control and business plans.

We asked to see copies of the practice's indemnity arrangements for staff. We noted the indemnity certificates did not contain the names of the practice nurses. The practice provided evidence they were covered following the inspection.

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. They 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a late evening GP surgery was held every Monday evening following feedback from a PPG patient survey.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.