Dr P O'Horan and Partners

Quality Report

The Burns Medical Practice
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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 P O'Horan and Partners on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough by all staff. For example, we found out of date glucose test strips and an out of date vial of medicine for injection which expired in 2013 in a GP visit bag. The defibrillator pads had expired in April 2016.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

The practice were innovative in their approaches to providing integrated person-centred care that involved other health and social service providers, particularly for those with multiple and complex needs. The practice

Summary of findings

funded a community matron seconded from the local community trust to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The community matron would meet with the patient either at home, in hospital or at the practice to review their health and social circumstances, with their carers present when relevant. Patients were given the opportunity to specify where and how they wanted to receive support and be cared for. For those in hospital this facilitated an early discharge home with appropriate support from local services. Patients were provided with information about services to help them maintain their independence such as a fee paying community laundry service, charities who provide transport to and from hospital appointments, the local fire officer's contact details to perform home fire safety checks, telephone befriending services along with referrals to other community health services such as chiropodists and dieticians.

The practice implemented the 'The Herbert Protocol' introduced by South Yorkshire Police, the Alzheimer's Society, health trusts and Dementia Action Alliances to provide police officers with early access to information when dealing with missing people living with dementia.

All patients living with dementia registered at the practice were encouraged to complete the form which was designed to make sure that, if someone was reported missing, the police could access important information about that person as soon as possible. The form contained information about their medical status, mobility, access to transport, places of interest and daily routines. Once completed, copies were made and then available for use if the person should ever be reported missing. The idea is that speedy access to information will help officers track missing people down quickly.

The areas where the provider should make improvement are:

- Review and implement the procedures for checking medicines in GP bags to all practice staff.
- Keep accurate records of actions taken in relation to the legionella risk assessment.
- Review vaccine fridge temperature calibration in to comply with Public Health England Protocol for ordering, storing and handling vaccines (March 2014).

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough by all staff. For example, we found out of date glucose test strips and an out of date vial of medicine for injection which expired in 2013 in a GP bag. The defibrillator pads had expired in April 2016.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice were innovative in their approaches to providing integrated person-centred care that involved other health and social service providers, particularly for those with multiple and complex needs. The practice funded a community matron seconded from the local community trust to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The community matron would meet with the patient either at home, in hospital or at the practice to review their health and social circumstances, with their carers present when relevant. Patients were given the opportunity to specify where and how they wanted to receive support and be cared for. For those in hospital this facilitated an early discharge home with appropriate support from local services. Patients were provided with information about services to help them maintain their independence such as a fee paying community laundry service, charities who provide transport to and from hospital appointments, the local fire officer's contact details to perform home fire safety checks, telephone befriending services along with referrals to other community health services such as chiropodists and dieticians.
- The practice implemented the 'The Herbert Protocol' introduced by South Yorkshire Police, the Alzheimer's Society, health trusts and Dementia Action Alliances to provide police officers with early access to information when dealing with missing people living with dementia. All patients living with dementia registered at the practice were encouraged to complete the form which was designed to make sure that, if someone was reported missing, the police could access important information about that person as soon as possible. The form contained information about their medical status, mobility, access to transport, places of interest and daily

Summary of findings

routines. Once completed, copies were made and then available for use if the person should ever be reported missing. The idea is that speedy access to information will help officers track missing people down quickly.

- There were innovative approaches to providing integrated patient-centred care. The practice were working with Health Education England to develop a new 'Focus Nurse' role for newly qualified nurses working in primary care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they introduced a new telephone line to improve telephone access to the practice.
- Patients can access appointments and services in a way and at a time that suited them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
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Are services well-led?

Good

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

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

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- All patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had patients residing at seven nursing homes within the area, and the community matron conducted ward rounds every two weeks to review those patients who were registered with the practice. This provided the opportunity for long term condition and medication reviews to be performed and improved communication with residents relatives as they were aware of the time of visits and could be present if they wished.
- All patients over the age of 75 were offered an annual review if they had not attended the practice in the previous 12 months.

People with long term conditions

Good

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- The practice funded a community matron seconded to the practice from the local community trust to provide care to those whose circumstances may make them vulnerable and were registered at the practice. Part of the role included the follow up of patients admitted to and discharged from hospital and those who attended accident and emergency. The matron would visit the patient either at home or hospital and review their health and social circumstances.
- 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.
- Performance for diabetes related indicators was 4% above the CCG average and 11% above the national average.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 77% which was comparable to the CCG average of 76%.
- 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.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 82% and the national average of 81%.
- The practice had assessed the premises using the 15 steps challenge toolkit for children and young people. The toolkitprovides a series of questions and prompts to guide patients and staff through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like. Following the assessment the practice were in the process of developing an action plan to address their findings. For example, to review the layout of the reception area to make it more inviting for children and young people.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including 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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice were innovative in their approaches to providing integrated person-centred care that involved other health and social service providers, particularly for those with multiple and complex needs. The practice funded a community matron seconded from the local community trust to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The community matron would meet with the patient either at home, in hospital or at the practice to review their health and social circumstances, with their carers present when relevant. Patients were given the opportunity to specify where and how they wanted to receive support and be cared for. For those in hospital this facilitated an early discharge home with appropriate support from local services. Patients were provided with information about services to help them maintain their independence such as a fee paying community laundry service, charities who provide

transport to and from hospital appointments, the local fire officer's contact details to perform home fire safety checks, telephone befriending services along with referrals to other community health services such as chiropodists and dieticians.

People experiencing poor mental health (including people with dementia)

Good

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

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 83%.
- 99% of patients with complex mental illness had an agreed care plan in their record in the previous 12 months which is above the national average of 89%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and were trained as dementia friends.
- The practice implemented the 'The Herbert Protocol' introduced by South Yorkshire Police, the Alzheimer's Society, health trusts and Dementia Action Alliances to provide police officers with early access to information when dealing with missing people living with dementia. All patients living with dementia registered at the practice were encouraged to complete the form which was designed to make sure that, if someone was reported missing, the police could access important information about that person as soon as possible. The form contained information about their medical status, mobility, access to transport, places of interest and daily routines. Once

completed, copies were made and then available for use if the person should ever be reported missing. The idea is that speedy access to information will help officers track missing people down quickly.

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 mostly performing above local and national averages. 270 survey forms were distributed and 128 were returned. This represented 1% of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 86% 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 48 comment cards from the Albion and Cantley sites which were positive about the standard of care received. Comments included 'first class service', staff provide excellent care' and 'staff listen and treat me with dignity and respect'. Four less positive comments related to telephone access to the practice, one regarding the attitude of a staff member and one relating to the length of wait to see a GP of choice.

We spoke with seven patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Dr P O'Horan and Partners

Detailed findings

Our inspection team

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 Dr P O'Horan and Partners

Dr P J O'Horan and partners, or the Burns Medical Practice as it is known locally, is located on the outskirts of Doncaster. The partners have another practice at Goodison Boulevard in Cantley, Doncaster, DN4 6NJ. Both practices have one patient list and provide services for 10,398 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area and has more patients registered at the practice between the ages of 55 to 69 years old.

The practice has six GP partners, three female and three male and four GP trainees. They are supported by a community matron, five practice nurses, a healthcare assistant a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday at both sites. Early morning appointments are available from 7am with GPs on weekdays by request. The practice opens alternate Saturday mornings for appointments with GPs. Appointments with GPs, practice nursing staff and the healthcare assistants are available during the opening hours. A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

The practice is located in a converted large two storey building with ramp access and a chair lift to the first floor. There are a small number of parking spaces to the rear of the practice and designated disabled parking near to the ramp.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 24 May 2016. During our visit we:

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told how the procedure reviewing changes to patient medication from the hospital was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw this was discussed at the practice meeting and shared with staff who attended. Minutes of the meeting were kept on the practice intranet system which all staff could access.

The practice had used the National Patient Safety Agency 'Seven Steps to Patient Safety' to reflect their current incident reporting processes and identified areas they did well and areas they could do better to contribute to their quality improvement processes.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child safeguarding level three.
- The practice conducted a monthly review of patients on the safeguarding registers to review their circumstances and follow up if further support or review was identified. This was in addition to the quarterly review at the multidisciplinary team meetings with other health professionals.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly audits of areas cleaned were undertaken. We asked to see an annual infection prevention and control audit and told one was not completed. The practice manager told us this would was completed following the inspection. We noted soap dispensers were wall mounted, taps were operated by elbow leavers and there were no plugs in the sinks. In addition staff told us they had access to adequate supplies of personal protective equipment. We noted there were no gloves available for staff in reception when handling specimens and staff told us they would get them from the store if needed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required review (including obtaining, prescribing,

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. We were told there were systems in place to monitor the use of prescription pads but not electronic prescriptions. The practice did not comply with NHS Protect Security of prescription forms guidance (Updated August 2013) as they did not record track electronic prescription movement, including recording of serial numbers. Following the inspection the practice manager told us they had implemented a system to track electronic prescriptions through the practice.

- We noted the two vaccine fridges only had one internal temperature monitor. Records demonstrated they were checked twice a day and temperatures were within the required range. We were shown record both vaccine fridges were calibrated annually. Public Health England Protocol for ordering, storing and handling vaccines (March 2014) recommends a second independent thermometer is ideal but if that is not available the thermometer used should be calibrated monthly to confirm accuracy. A second thermometer provides a method of cross-checking the accuracy of the temperature.
- The practice did not have a process to review medicines kept in the GP bags. A practice nurse checked one GP's bag. We found out of date glucose test strips and an out of date vial of medicine for injection which expired in 2013. The registered manager told us a process would be implemented to check all GPs visit bags regularly.
- The community matron had qualified as an independent prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Administration staff were not DBS checked and we were shown a comprehensive risk assessment that had been completed.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted as part of the risk assessment for legionella a recommendation was made the shower in the first floor staff toilets should be flushed weekly. We noted this was not documented on the weekly flushing log of areas to be flushed by the cleaner. Following the inspection the cleaning company submitted an email to the commission via the practice manager to confirm the shower was flushed for ten minutes every Monday.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty .

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Good

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted the defibrillator pads had expired in April 2016. 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 emergency medicines we checked were in date and stored securely.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available with 8.6% exception reporting which is comparable to the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 4% above the CCG average and 11% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- The number of patients attending accident and emergency from the practice (70 per 1000) patients was lower than the CCG average of (79 per 1000 patients registered).
- The number of patients with a long term condition being admitted to hospital was 4% lower than the CCG average of 18% and comparable to the national average of 14%.

There was evidence of quality improvement including clinical audit. There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included review of those patients who were prescribed repeat medicines and had not attended for an in date medicine review. The practice identified in October 2015 only 28% of patients (1,432) had received a review. The practice identified those patients who had not had a review and invited them in. In May 2016 97% of patients (4,876) receiving regular prescriptions had a medicine review completed.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and in-house training and were exploring access to the use of e-learning training modules.
- The practice was a placement area for GP trainees. Five of the GP partners were GP trainers, one being the senior programme director for the GP Vocational Training Scheme and another led GP training for the whole region. The GP trainee we spoke with told us they felt very supported by staff at the practice and felt included and respected.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The community matron would visit those patients who were admitted to hospital prior to discharge to assess their health and social care needs. Following assessment referrals to social services, fire safety teams, telehealth, laundry services and befriending services could be made, as needed, to support a timely discharge. Wherever possible the carer's were involved in the assessment and referrals made to other services for them to assist them in caring for the patient.

As well as internal monthly meetings the practice held quarterly meetings with other health care professionals and patient records were routinely reviewed and updated for those with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- Patients could access talking therapy services through 'the talking shop' based in central Doncaster. Staff told us the service was popular with patients particularly to assist them to make healthy life choices. Those who used the service explained how it had helped them to review their situations and look at support strategies.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt. The practice had referred 27 patients to the scheme in the last 12 months.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up

Good

Are services effective?

(for example, treatment is effective)

women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and followed up those who did not attend.

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 95% to 99% and five year olds from 87% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in most treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were positive about the standard of care received. We spoke with two members of the patient participation group and five patients. They also told us they were also very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One comment card reported dissatisfaction with a member of staff but did not go into detail. Results from the national GP patient survey showed patients felt they were treated with much compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 85% 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 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 just above and in line with local and national averages. For example:

- 94% 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%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the patient population as a carer and two young carers. All new patients were asked if they were a carer when registering at the practice.

We were shown the written information sent to carers to direct them to the various avenues of support available. It included details of local carer's support groups, community

Good

Are services caring?

organisations offering support and guidance, a laundry service, details for the fire safety assessment service, respite holiday information and a directory of dementia services available in the local area.

The practice held a dementia cafe event twice in the previous 12 months to offer a drop in service with refreshments for those living with and caring for those with dementia. Practice staff and the community matron provide advice and support and signposting to other services.

Staff told us if families experienced bereavement, their usual GP contacted them. This call was either followed by a meeting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also sent cards to bereaved relatives and sent cards to those celebrating 'milestone' birthdays.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, The practice were developing specific support for patients who lived in deep deprivation and would not necessarily be seen regularly at the practice.They were working with Health Education England in developing a new 'Focus Nurse' role for newly qualified nurses working in primary care.

- The practice offered early morning appointments with a GP from 7am on weekdays by request and on alternate Saturday mornings.
- There were longer appointments available for those who required them. Patients who were known to require an interpreter were given longer appointments and the interpreter booked in advance so they were on the telephone line when the patient entered the consultation or treatment room.
- The practice were innovative in their approaches to providing integrated person-centred care that involved other health and social service providers, particularly for those with multiple and complex needs. The practice funded a community matron seconded from the local community trust to review those admitted to hospital, who attended accident and emergency regularly or used other services frequently. The community matron would meet with the patient either at home, in hospital or at the practice to review their health and social circumstances, with their carers present when relevant. Patients were given the opportunity to specify where and how they wanted to receive support and be cared for. For those in hospital this facilitated an early discharge home with appropriate support from local services. Patients were provided with information about services to help them maintain their independence such as a fee paying community laundry service, charities who provide transport to and from hospital appointments, the local fire officer's contact details to perform home fire safety checks, telephone befriending services along with referrals to other community health services such as chiropodists and dieticians.
- The practice had patients residing at seven nursing homes within the area, and the community matron conducted ward rounds every two weeks to review those patients who were registered with the practice. This provided the opportunity for long term condition and medication reviews to be performed and improved communication with residents relatives as they were aware of the time of visits and could be present if they wished.
- The community matron also liaised directly with hospital consultants and we were shown evidence where the consultant in old age psychiatry was contacted to review a patient's medication. The community matron then prescribed the changes to the medication to ensure the patient was receiving a therapeutic dose.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- People requesting same day appointments symptoms were triaged by the GP and offered a face to face appointment if required.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice was planning to install a ramp to the rear of the practice to improve access.
- The premises had recently been refurbished with new washable flooring laid throughout.
- Staff were trained as dementia friends.
- The practice implemented the 'The Herbert Protocol' introduced by South Yorkshire Police, the Alzheimer's Society, health trusts and Dementia Action Alliances to provide police officers with early access to information when dealing with missing people living with dementia. All patients living with dementia registered at the practice were encouraged to complete the form which was designed to make sure that, if someone was reported missing, the police could access important information about that person as soon as possible. The form contained information about their medical status, mobility, access to transport, places of interest and daily routines. Once completed, copies were made and then available for use if the person should ever be reported missing. The idea is that speedy access to information will help officers track missing people down quickly.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had assessed the premises using the 15 steps challenge toolkit for children and young people. The toolkitprovides a series of questions and prompts to guide patients and staff through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like. Following the assessment the practice were in the process of developing an action plan to address their findings. For example, to review the layout of the reception area to make it more inviting for children and young people.
- All patients over the age of 75 were offered an annual review if they had not attended the practice within the last 12 months.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available throughout the day with staff. Appointments with a GP from 7am on weekdays could be arranged by request and every alternate Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients could ring either the Albion site or the Cantley site to make an appointment at either surgery. Following feedback from patients the numbers were often engaged, the practice introduced an 0844 telephone number for both practices. The new system included an automated system which offered the person choice of why they were ringing and notified them of their position in the queue waiting to be answered. The practice manager shared with us they had received mixed reviews of the new telephone system, whilst some patients liked it others found it costly. Practice staff were promoting to patients they could still use the individual practice telephone numbers or contact the practice by text which was responded to by the secretaries. At the time of inspection 1,925 patients had registered and used online services at the practice. This was 18% of the practice population.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at 13 complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, staff reviewing their communication style following feedback from patients and identifying areas for improvement.

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. There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The practice were developing specific support for patients who lived in deep deprivation and would not necessarily be seen regularly at the practice. The practice has the support of Health Education England to develop a 'focus nurse role' for newly qualified nurses to address the health inequalities for patients registered at the practice from deprived areas.

We were shown the practice quality improvement programme. The partners had used the Royal College of GPs toolkit to develop their organisational culture and context. This identified the areas of strengths and weaknesses and contributed to the strategy planning for the future.

The partners had also identified succession planning was vital for the future and were developing continuity plans to address this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and discussed regularly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although risks to patients who used services were assessed, the systems and processes to address these risks some were not implemented well enough.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried

Are services well-led?

Good

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

out patient surveys and submitted proposals for improvements to the practice management team. For example, the group supported the dementia cafe afternoons.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were developing specific support for patients who lived in deep deprivation and would not necessarily be seen regularly at the practice. The practice has the support of Health Education England to develop a 'focus nurse' role for newly qualified nurses to address the health inequalities for patients registered at the practice from deprived areas.