

West End Clinic

Quality Report

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

Ratings

Overall rating for this service		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
Are services well-led?		Inadequate	

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 West End Clinic on 19 July 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was insufficient attention to issuing acute prescriptions. Administrative staff would issue prescriptions for medicines under instruction from the GP to then review and sign. Other staff had permissions to issue prescriptions without completing relevant independent prescribing courses.
- Staff were clear about reporting incidents. However a thorough investigation of significant events and analysis was not undertaken and appropriate action taken to prevent them from happening again. Incidents reported were not linked to review of the relevant policy or procedure as part of the investigation process.

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had a leadership structure, with insufficient leadership capacity and limited formal governance arrangements.

Areas identified to support improvement are:

- To review and introduce effective processes for recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with prescribing of medicines and ensure patient group directives are in date and signed by an authorised person. Prescription processes need to comply with NHS Protect security of prescriptions and all prescriptions tracked through the practice.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.

Summary of findings

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- All staff to complete training in infection prevention and control and information governance.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Review and implement a system to record actions taken in response to National Institute for Health and Care Excellence (NICE) and other best practice guidelines.
- Provide information about chaperones to patients in individual consultation and treatment rooms.
- Review the system for recording communication relating to complaints with people and ensure it is not documented within the patient record.
- Maintain adequate records of training and indemnity arrangements for locum staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the service from operating. Special measures will give people who use the service the reassurance that the care they get should improve.

We identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. They are Regulation 12 Safe care and treatment; Regulation 17 Good Governance and Regulation 18 Staffing. The Care Quality Commission is unable to take enforcement action against the provider regarding these breaches as they are registered with us as partnership but should be registered as a sole provider. Immediate steps are being taken by the provider to rectify the situation by submitting a registration application to become a sole provider.

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 inadequate for providing safe services and improvements must be made.

- Staff were clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, investigations were not thorough and relevant policies and procedures were not routinely reviewed as part of the process. Lessons learned were not communicated with staff so safety was not improved. We did see patients received reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes followed by staff were part of their custom and practice and often not documented. For example we asked to see a copy of the acute prescription policy and we were told it was kept in a paper file. We noted it was not stored electronically with the other policies and procedures.
- There was insufficient attention to issuing acute prescriptions. Administration staff would issue prescriptions for medicines under instruction from the GP to then review and sign. Other staff had permissions to issue prescriptions without completing relevant independent prescribing courses.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- 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 though this was not reviewed after implementation.
- There was no evidence that audit was driving improvement in patient outcomes.
- Not all staff completed infection prevention and control training and information governance training.
- There was no evidence of training records for the regular locum GPs.

Requires improvement



Summary of findings

- There was evidence appraisals were taking place. Personal development plans for administrative staff were blank and did not obtain objectives for the forthcoming year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable or just below others for some 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.

Are services responsive to people's needs?

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

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an urgent appointment with a GP, although this may not be the GP of choice. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However notes relating to patient complaints were documented in the patient record.

Are services well-led?

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

Inadequate



- The practice had a mission statement and most staff were clear about their responsibilities to it.
- There was a leadership structure and staff felt supported by management.

Summary of findings

- The practice had a number of policies and procedures which were often incomplete and those held in the electronic file differed to those held in a paper file. Staff told us they would ask a colleague if they were not sure how to do something.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had sought feedback from patients and had a patient participation group.
- Staff received regular performance reviews but they did not have clear objectives set for the following year. The performance of longstanding GP locums was not monitored.

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 inadequate for the care of older people.

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP held a bi-monthly clinic at the local care homes incorporating medication and long term condition reviews along with regular appointments.

Inadequate



People with long term conditions

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

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 1% below the CCG average and 6% above the national average.
- 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.

Inadequate



Families, children and young people

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

Inadequate



Summary of findings

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- 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.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 82% and the national average of 81%.

Working age people (including those recently retired and students)

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

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- The practice offered online services.

Inadequate



People whose circumstances may make them vulnerable

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

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those 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

Inadequate



Summary of findings

information sharing, documentation of safeguarding concerns and notices how to contact relevant agencies in normal working hours and out of hours were on display in the treatment and consultation rooms.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and for well-led and requires improvement for being effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- Of those patients with complex mental health illness 97% had their care reviewed in a face to face meeting in the last 12 months which is above the national average of 90%.
- The practice 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.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing below local and national averages. 300 survey forms were distributed and 112 were returned. This represented 2.7% of the practice's patient list.

- 59% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 4 comment cards and feedback included 'I am always treated with the utmost respect' staff are very good' and 'staff provide good care'. One less positive comment related to the length of wait to see a GP of choice.

We spoke with three 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.

West End Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a GP specialist adviser.

Background to West End Clinic

West End Clinic is located in Rossington on the outskirts of Doncaster. The practice provides services for 4819 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the third 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.

The practice has one female GP who works six sessions per week and is supported by two male locum GPs who cover three sessions per week. They are supported by an advanced nurse practitioner, a practice nurse, a healthcare assistant, a practice manager, assistant practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Early morning appointments are available with a GP on Wednesday from 7am. 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. Patients with diabetes can book an appointment with a visiting GP with a specialist interest in diabetes in a monthly clinic held at the practice.

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.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurse, healthcare assistant, practice manager, assistant practice manager and 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 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events required review and improvement.

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).

The practice did not carry out a thorough analysis of all significant events and take appropriate action to prevent them from happening again. We reviewed a prescribing incident which occurred in April 2016. The record contained minimal details of the investigation undertaken and did not identify or investigate all of the contributing factors. Actions taken did not include a review of the acute prescribing procedure. The incident record did contain information that the acute prescription procedure was reviewed and did not document detailed actions to prevent the same situation occurring again other than to remind staff to be more vigilant. We noted all incidents reported did not contain a reference to review the relevant procedure or protocol. We observed this was a common theme for all incidents reported, as they were not linked to a review of the relevant policy or procedure as part of the investigation process. We saw instructions to prevent similar incidents happening again were shared with staff via a memo or a face to face meeting arranged. For example, following another incident reported where an incorrect document had been uploaded to a patient record a memo was sent to staff asked them to double check correspondence when uploading to a patient record. It did not remind them to check three pieces of patient identifiable data. The minutes of the meetings were kept on paper in the incident file.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, and a written apology and were told about action the practice had taken to prevent the same thing happening again.

Overview of safety systems and processes

There were some shortfalls in the practices processes to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies did not contain information of who to contact for further guidance if staff had concerns about a patient's welfare. We noted local safeguarding team contact details were displayed on the notice boards in consultation rooms and in reception. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received recent training in March and July 2016 for safeguarding children and adults relevant to their role. The main GP was trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. We did not observe information about chaperones in individual consultation and treatment rooms. 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 advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We noted the infection prevention and control policy was incomplete and did not contain the associated IPC procedures. For example, waste management procedures, use of personal protective equipment and hand hygiene. We noted this had been identified as an action within the infection prevention and control audit but yet had to be drafted into an action plan. Not all administration staff had received any documented IPC training within the last three years. We were told by the practice manager this had been arranged for August 2016. Monthly audits of areas cleaned were undertaken. We were shown an annual infection prevention and control audit

Are services safe?

completed on 13 July 2016. We were told the actions identified had yet to be developed into an action plan. 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 significant 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. We asked to see a copy of the repeat prescribing procedure. This was sent to us following the inspection. Staff told us on the day they would ask a colleague if they were not sure how to do a task.
- We noted the practice nurse who was not qualified to prescribe medication had been issued with independent nurse prescribing rights on the patient record system since 2008, but had not undertaken any further training to support this extended skill. We were told the practice nurse would assess the patient's symptom and recommend a medicine for the patient which was issued on a prescription that would then be reviewed by a prescriber. We asked to see a copy of this procedure and were told the practice did not have one. We ensured the prescribing rights were removed from the practice nurse's profile on the system and recommended an immediate review of this process.
- We were told administration staff would add an acute medicine to a prescription and then print it off under the supervision of the GP who would then sign them. The procedure was sent to us following the inspection. It did not prove clarity of roles and responsibilities.
- The practice received some support from the local CCG pharmacy teams to perform medicines audits and review medicines optimisation.
- Blank prescription forms and pads were securely stored. We were told there were no systems in place to monitor the use of prescription pads or electronic prescriptions. The practice did not comply with NHS Protect Security of prescription forms guidance (Updated August 2013) as they did not record track prescription movement, including recording of serial numbers. The practice did keep a record of people collecting controlled drug prescriptions.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions

(PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We asked to see a copy of the signed PGDs and were shown a group of PGD's that expired in October 2014. We noted it also only contained the practice nurse signature and had not been authorised by an appropriate person at the practice. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We asked to review four personnel files. One file could not be located. We found from the other three that 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.

Monitoring risks to patients

There were some 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 did not have an overall health and safety policy. 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. 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.

Are services safe?

- 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 stored securely.

The practice had a business continuity plan in place for major incidents which only included emergency contact numbers for staff. It did not contain details of what to do in the event of major incidents and actions to be taken to minimise disruption at the practice. We asked what the procedure was if the GP was absent and we were told locums could be sourced at short notice. We asked to see a GP lone worker risk assessment and were told the practice did not have one.

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 did not have a system in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records. A record of actions taken in relation to the guidelines was not kept.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.2% of the total number of points available with 5.8% exception reporting which is below the CCG average of 8.8%. (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 1% below the CCG average and 6% above the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.
- The number of patients with a long term condition being admitted to hospital was 32.67 which was above the CCG average of 18.7 and the national average of 14.6.
- The number of antibacterial items prescribed by the practice was 0.56 which was higher than the 0.31 CCG average and 0.27 national average.

There was little evidence of quality improvement including clinical audit. The GP told us due to GP recruitment issues they had little time to perform clinical audits and reviews.

Effective staffing

In some areas staff lacked 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, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, patient group directives for vaccination and immunisations were out of date and had expired in October 2014 and they were not signed by an authorised person.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to some training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months. We observed the objectives for the current year had not been set and documented in individual staff files.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Not all staff had completed infection prevention and control update training and information governance. The practice manager told us they were currently exploring the provision of e-learning training modules and in-house sessions for any outstanding training.
- Two GP locums covered three clinical sessions per week and had worked at the practice for a number of years. We asked to see evidence of their medical indemnity

Are services effective?

(for example, treatment is effective)

arrangements and were told the practice did not have sight of any. We asked to see a record of training undertaken by the GP locums and again were told the practice did not keep these records.

- The practice was a placement area for medical students. There were no students at the practice at the time of our visit.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

As well as internal monthly meetings the practice held monthly 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.

Supporting patients to live healthier lives

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

- Patients receiving palliative 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 in house.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 84%, 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 ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and followed up those who did not attend.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 94% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 4 comment cards which were positive about the standard of care received. We spoke with three members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was comparable or just below average for its satisfaction scores on consultations with GPs and reception staff. Results were higher for practice nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 85%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG and national average 87%).

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 in line with local and national averages. For example:

- 85% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 86% 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.

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. All new patients were asked if they were a carer when registering at the practice. Written information was available to direct carers to the various avenues of support available to them.

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 who were known to the practice.

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 part of a CCG working together initiative.

- The practice offered early morning appointments on Wednesdays with a GP from 7am.
- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The GP would routinely visit the care homes with residents registered at the practice every two weeks.
- Patients with diabetes could book an appointment with a visiting GP with a specialist interest in diabetes in a monthly clinic held at the practice.
- People requesting same day appointments were triaged by the GP or advanced nurse practitioner 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.
- Staff were trained as dementia friends.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available throughout the day and available on Wednesday mornings with a GP from 7am. 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 below national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

- 59% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Following feedback from patients about difficulty accessing the practice by telephone the practice manager told us they were exploring the provision of a new telephone system to include 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.

People told us on the day of the inspection that they were able to get appointments when they needed them but sometimes this would not be with the GP of choice.

The practice had a system in place to assess:

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

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 two complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints. 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. We did note details of complaints were recorded in the patient record system which did not comply with NHS Complaints procedure guidance.

Are services well-led?

Inadequate 

(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 mission statement which was displayed in the waiting areas and staff knew and understood the values. We were shown a business plan for the future focusing on the recruitment of new staff, particularly GPs.

Governance arrangements

The practice governance framework did not support the delivery of the strategy and good quality care. There was a staffing structure and most staff were aware of their own roles and responsibilities. However one member of staff was working outside of their role. The practice did not hold annual governance meetings and issues were discussed at ad hoc meetings.

Practice specific policies often were incomplete and not available to all staff. We asked to see a copy of the repeat prescribing and the acute prescribing policy. This was not kept on the shared drive accessible to all staff. We were told it was kept in a folder in reception and sent to us after the inspection. Staff told us they would ask a colleague if they were not sure how to do something. The practice infection prevention and control policy was two pages long and did not refer to or contain any practice procedures for staff to refer to. For example management of waste products. We did see a needle stick injury protocol to follow on the notice board in the treatment room.

A comprehensive understanding of the performance of the practice was maintained and discussed regularly at weekly meetings between the practice manager and GP. However the practice did not have a programme of continuous clinical and internal audit to monitor quality and to make improvements. We were told this was due to the time spent in the practice had to be focused on seeing patients as they were short staffed particularly with GPs. The practice did not have systems in place to monitor the performance of the long term locum GPs and did not keep adequate records of medical indemnity and training attended.

Although risks to patients who used services were assessed, the systems and processes to address some of these risks were not implemented well enough. The practice did not have a health and safety policy for staff to follow.

Leadership and culture

The provider is registered with the Care Quality Commission as a partnership. We were told prior to the inspection one GP had left in 2013 and the other retired in 2015. The remaining GP had submitted a CQC DBS check to us in February 2016 with the intention of applying to become an individual provider. An application to become an individual provider had not been received prior to the inspection. There was only one permanent GP who took the lead for everything. For example safeguarding adults and children, governance, recruitment and continuous quality improvement. The GP told us this was an issue and they had prioritised the areas for immediate action. This arrangement was not sustainable for the future.

Staff told us the GP and managers 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 practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology. Communication with patients relating to complaints was recorded in the patient record which was not appropriate.

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

- Staff told us the practice held quarterly team meetings.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in 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 out patient surveys and submitted proposals for

Are services well-led?

Inadequate 

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

improvements to the practice management team. For example, the group identified the need for a television in the reception waiting area to promote confidentiality and prevent conversations being overhead. We saw a television and patient call system had been installed to the waiting area.

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.