

Northfield Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
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 a follow up inspection on 5 January 2016 at Northfield Surgery as a result of the practice currently being in special measures due to non-compliance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 following our previous inspection in January and February 2015.

During this inspection in January 2016, we found the practice had made significant improvements since our last inspection in January and February 2015 and that they were meeting all of the three requirement notices which had previously been breached. The ratings for the practice have been updated to reflect our findings. However the provider is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints.

The practice is rated as good overall for providing caring, safe, effective and well led service. It requires improvement for providing a responsive service.

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 records of actions taken could be improved.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The management of complaints could be improved to facilitate a timely response and provide details of investigations undertaken and the outcome in the response.
- Patients said they found it difficult to get through to the practice by telephone first thing in the morning to make an appointment. Urgent appointments filled up quickly.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a new leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Ensure when dealing with complaints the process follows the Parliamentary and Health Service Ombudsman 'Principles of Good Complaint Handling' guidance.

In addition the provider should:

- Include all of the investigation, analysis and actions taken as a result of significant event analysis on the investigation record.

- Review safeguarding policies to include the names of practice safeguarding leads.
- Keep a central log of actions taken following National Institute for Health and Care Excellence (NICE) guidance and patient safety alerts.
- Review the outcomes for patients with depression and mental health conditions and take action to improve this.
- Document and review the longer term improvement actions in a business plan to monitor their progress.

I confirm that this practice has improved sufficiently to be rated 'Good' overall. The practice will be removed from special measures.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice had reviewed its systems for reporting incidents and significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

We noted analysis for some significant events was not fully documented and did not capture all of the actions taken. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Quality and Outcomes framework data showed patient outcomes were improving. The practice had reviewed the way it provided care to patients with long term conditions. Patients who had multiple conditions received a complete and thorough review in one longer appointment. An advanced nurse practitioner would review those patients who were unable to get to the surgery in their own home. Occasionally this was first thing in the morning or into the evening to suit the patient's daily routine.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. However, the patients we spoke with said care had improved recently. They were treated with compassion, dignity and respect and involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It 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. Since our last inspection in January and February 2015 the practice had worked with the CCG and the Royal College of General Practitioners to address the regulatory breaches.

Patients said they found it difficult to get through to the practice by telephone first thing in the morning to make an appointment. Urgent appointments filled up quickly.

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. We noted the practice did not follow the Parliamentary and Health Service Ombudsman 'Principles of Good Complaint Handling' guidance as one written complaint was not handled in a timely way and the complainant was not kept informed. Another complaint response contained subjective information not relevant to the complaint response. The details of how to escalate their complaint to the Parliamentary Health Service Ombudsman if they were not satisfied with the response was not included in written response letter. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led. There was a new leadership structure and staff felt supported by management. More than half of the administrative team, all of the practice nursing team and the practice manager had started at the practice since our last inspection.

During this inspection we were told the practice had an improvement plan to focus on improvements needed relating to the regulatory breaches and being in special measures. The partners had not documented the longer term actions in a business plan.

The practice had introduced a number of new policies and procedures and reviewed existing ones to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. All new staff to the practice had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were comparable to other practices in the area for conditions commonly found in older people. The practice offered health checks for those over the age of 75 who were not seen at the practice regularly.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, for those living with dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. Nursing staff had lead roles in long term condition management. Patients who had multiple conditions received a complete and thorough review in one longer appointment. This negated the need for several appointments.

Longer appointments and home visits, including visits for reviews, were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP or advanced nurse practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.

Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Staff had identified, compared to ten years ago, there had been an 85% increase in young people attending the practice with symptoms

Good



Summary of findings

relating to self-harm and eating disorders. An advanced nurse practitioner was working with the local school nurse and comprehensive school on ways to promote the support the practice could offer young people.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments with all staff were available on Tuesday evenings up until 8.30pm.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable. Patients were given information on how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including those living with dementia). Of those experiencing poor mental health, 73% had a care plan in place, this had declined from 85% during the last inspection. The practice also identified they needed to improve how they followed up patients with depression. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. Staff carried out advance care planning for patients living with dementia.

Requires improvement



Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing below local and national averages for the following. There were 110 responses which represents a response rate to the survey of 37%. This represents 1% of the practice population.

The following responses were below average:

- 28% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 29% feel they don't have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.
- 76% find the receptionists at this surgery helpful compared with a CCG and a national average of 87%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 79% say the last appointment they got was convenient compared with a CCG and national average of 92%.

- 39% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 completed comment cards which were all positive about the standard of care received. We also spoke with one patient participation group member and seven patients on the day of the inspection. Most were positive about their experience of the service and commented how it had improved recently. Patients told us on the comment cards and in discussions that staff were helpful, polite and caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

Some patients reported it was difficult to get through to the practice by telephone first thing in the morning and sometimes they had to wait in the practice after their appointment time to be seen. They said they did not mind waiting as the staff took time to explain things to them.

Northfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a practice manager specialist adviser and a GP specialist adviser.

Background to Northfield Surgery

Northfield Surgery is located in Thorne on the outskirts of Doncaster. The practice provides services for 10,730 patients under the terms of the NHS General 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 broadly similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG).

There are two GP partners, both male, and three regular locum GPs, two male and one female. They are supported by two advanced nurse practitioners, three practice nurses, one healthcare assistant, a practice manager and a team of administration staff. The reception is open from 8am to 6pm each week day. Evening appointments with staff are available on Tuesdays until 8.30pm. A range of specialist clinics are also provided at the practice including; child health, midwifery and long term condition management. Out-of-hours care can be accessed via the surgery telephone number or by calling the NHS 111 service. Telephone calls to the practice between 6pm and 6.30pm on weekday evenings are answered by the out-of-hours service.

We previously inspected Northfield Surgery on 28 January 2015 and 2 February 2015 and it was rated overall as

inadequate. On the basis of that inspection and the ratings given to the practice, they were placed into special measures. This was for a period of six months during which time the provider was expected to make improvements to meet the required regulations and fundamental standards.

We planned to inspect the practice within six months of the publication of the previous report. When we announced that inspection the practice manager requested we inspect at a later date due to the failure of their computer systems. They explained they would need time to retrieve the information stored on the system.

Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care that gives them support from NHS England and the Clinical Commissioning Group. Practices can choose to get further peer advice and support from the Royal College of General Practitioners. Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled.

The practice is registered to provide regulated activities from Northfield Surgery, Vermuyden Centre, Fieldside, Thorne, Doncaster, DN8 4BQ.

Why we carried out this inspection

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 following six months in special measures. This inspection was planned to follow up 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

Please note 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.

We undertook a comprehensive inspection of Northfield Surgery on 28 January 2015 and 2 February 2015. The practice was rated as inadequate overall and for the safe, effective and well led domains. It required improvement in the responsive and caring domains. In addition, all five population groups were rated as inadequate. Due to the overall inadequate rating, the practice was placed in special measures.

The practice was found to be in breach of three regulations of the Health and Care Social Act 2008 Regulations 2014. Requirement notices were set for the regulations relating to premises and equipment, good governance and staffing.

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 5 January 2016. During our visit we:

- Spoke with a range of staff (GPs, advanced nurse practitioners, practice nurse, reception staff, administration staff and the practice manager) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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).

Are services safe?

Our findings

Safe track record

When we visited the practice in January and February 2015 systems, processes and practices were not reliable to keep people safe. The practice did not consistently use information such as significant events or clinical audits to identify risks and improve patient safety. New systems, processes and practices had been introduced but had not been monitored to determine whether those systems implemented were robust. All of the staff we spoke with were aware of their responsibilities to raise concerns but not all locums were familiar with the practice incident reporting process.

During this inspection, we were shown the system the practice had introduced for reporting and recording significant events. The significant event procedure had been reviewed in July 2015. Staff told us they would inform the practice manager of any significant events or incidents and there was also a recording form available on the practice's computer system. We saw documented evidence in the significant event records that an analysis of the events was performed and actions identified completed for most significant events. However, we noted the analysis for some events was not fully documented and did not capture all of the actions taken.

We reviewed safety records and significant event reports since August 2015. We found most had been appropriately dealt with and actioned. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the administrative procedures were reviewed following an incident. The incident record contained the outcome of the investigation and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were accessible to staff in the paper file and also on the shared drive.

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

Overview of safety systems and processes

Arrangements were in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements and new policies were accessible to all staff. We noted the policies were specific to the local CGG area and clearly outlined who to contact externally for further guidance if staff had concerns about a patient's welfare. They did not contain the details of the practice safeguarding lead. There was a lead member of staff for safeguarding. GPs or advanced nurse practitioners attended safeguarding meetings when possible and told us they would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All the GP partners and advanced nurse practitioners had undertaken safeguarding children training to level three.

We were shown the system to highlight those patients whose circumstances may make them vulnerable on the practice's electronic records. This included information to make staff aware of any relevant issues when patients contacted the practice or attended appointments. The practice held meetings when necessary with the health visitors, community matrons and social care teams to discuss safeguarding concerns.

Notices in the reception area advised patients staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable).

During our last visit to the practice systems, processes and practices to manage medicines were not always reliable or appropriate to keep people safe. Blank prescription forms were kept securely, however they did not follow national guidance and track them through the practice. On the second day of our previous inspection the practice had implemented a procedure to track prescriptions through the practice. We were shown during this inspection the processes staff had introduced to keep prescriptions secure and tracked through the practice which complied with NHS Protect prescription security guidance.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Records

Are services safe?

showed room and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were aware of how to raise any concerns with the controlled drugs accountable officer in their area.

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. Patient Group Directions (PGDs) had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The healthcare assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence practice nurses and the healthcare assistant had received appropriate training and had been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. The advanced nurse practitioners were qualified as independent prescribers. They received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

We reviewed four recruitment 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 Disclosure and Barring Service.

We were shown the system the practice had introduced to check practice nursing registration with the Nursing and Midwifery Council. We saw that all practice nurse registrations were in date.

Monitoring risks to patients

We previously found there were some systems to identify and respond to risks to patients, such as deteriorating health, well-being or medical emergencies. The practice did not maintain a risk log or records to show risks were

discussed at GP partners' meetings, other practice team meetings or were logged or managed. These included testing of portable electrical equipment. There were no records of assessments having been completed to ensure the safety of the practice buildings, fixtures and fittings. The practice did not maintain a workplace risk log or records to show how environmental risks were managed to staff, patients and visitors. A fire risk assessment had been completed but the actions were not followed up. There was no evidence fire alarms were regularly tested and no records of fire evacuation drills.

During this inspection we found the practice had reviewed their systems to ensure risks to patients were addressed 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 and staff room. 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 also 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 prevention and control (IPC). We were told the landlord of the building completed the legionella risk assessment. 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.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were told the reception and administrative staff rotas had been reviewed to ensure there was adequate cover to answer the telephones and perform administrative tasks throughout the day.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and cleaning schedules and records in place. The advanced nurse practitioner was the IPC clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff

Are services safe?

had received up to date training. An IPC audit had been undertaken in June 2015. We observed the actions identified in the audit had been completed and documented in the action plan accordingly.

Guidance about hand hygiene techniques were displayed in the staff and patient toilets. Hand washing sinks with wall mounted soap and towel dispensers were available in treatment rooms.

Arrangements to deal with emergencies and major incidents

During our previous inspection the practice had limited arrangements in place to safely manage emergencies. We were told staff had completed annual basic life support training; however, training records demonstrated not all staff had received updated training since 2011. The practice did not have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice.

During this inspection we observed the practice had reviewed the arrangements to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including

access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

A business continuity plan had been produced and implemented in July 2015 to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

The practice had carried out a fire risk assessment in July 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our last visit there was no formal system to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE). There was no evidence of risk profiling or risk stratification being used to ensure patients' needs were assessed, care planned and delivered proactively. We were told that practice nursing staff led on specialist clinical areas such as diabetes, heart disease and asthma.

During this inspection the GPs and practice nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with a GP partner and advanced nurse practitioner how NICE guidance was received into the practice. They told us they received email alerts which they then circulated to the relevant staff groups and discussed at the monthly clinical meetings. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance reviewed. We were told the practice did not keep a central log of actions taken following NICE guidance and safety alerts. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

Management, monitoring and improving outcomes for people

During this inspection we were shown how the practice used the information collected for the Quality Outcomes

Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 93% of the total number of points available. This was 4% below the CCG average and 0.5% below the national average. This performance had improved from the year 2013/14 which was 23% below the CCG average and 20.5% below the national average. The current exception reporting rate for 2014/15 was 10% and data from this period showed:

- Performance for diabetes related indicators was 4% below the CCG and 3% below the national average. This was an improvement from the previous period of 15% below the CCG and 11% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was now 1% above the CCG and 2% above the national average. This was an improvement from the previous period of 34% below the CCG and 29% below the national average.
- Performance for mental health related indicators was 7% below the CCG average and 4% below the national average. This had declined from the previous period of 4% below the CCG and 1% above the national average.
- Performance for dementia related indicators was 2% below the CCG average and 2% above the national average. The previous period was 7% below the CCG and 4% above the national average.

We were told the QOF improvement plan was implemented following our last visit. The practice reviewed how they offered long term conditions reviews. Patients who had multiple long term conditions received a complete and thorough review in one longer appointment. This negated the need for several appointments. We were told they were more pro-active in encouraging lifestyle changes by offering information and advice. They were also in the process of reviewing how they followed up patients who presented with depression. They planned to invite these patients for reviews in the practice and over the telephone..

They had increased or offered additional treatment or review where appropriate. For example, they had identified 200 patients over the age of 75 who did not have a long term condition or were on regular medication. A number of these patients were being invited for a NHS health check on a monthly basis. They had performed 77 reviews for this

Are services effective?

(for example, treatment is effective)

group since November 2015. For the current year 2015/16 they had completed 50 out of 77 reviews for patients with a learning disability and also offered the review in the patient's home at a time to suit them.

Effective staffing

During our previous visit some staff we spoke with could not recall when they last had an appraisal. It was unclear whether they were sufficiently supported and allowed time to attend relevant training sessions. We reviewed staff training records and saw not all staff were up to date with attending mandatory courses such as annual basic life support, infection control and information governance. The practice had recently recruited staff to a number of roles within the practice. Only some of the new and locum staff we spoke to told us they had received an induction into their role. Some of the locum staff told us they were not sure how their work was supervised and they did not receive regular feedback.

More than half of the administrative team, all of the practice nursing team and the practice manager had started at the practice since our last inspection. We were shown, during this inspection, a recently introduced induction programme for newly appointed non-clinical members of staff. We saw it covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The most recent member of staff to join the practice was in the process of completing this programme.

Existing staff told us their learning needs were identified through a system of appraisals and meetings introduced in July 2015. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, and mentoring. All staff had had an appraisal within the last 12 months. Staff had recently received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in house training

All GPs were up to date with their yearly continuing professional development requirements and all have either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Coordinating patient care and information sharing

During the last visit in January and February 2015, staff at the practice told us they held quarterly meetings with the Community Matron and palliative care nurses to discuss the care and support needs of patients and their families. There was no evidence of records of these meetings. Not all staff we spoke with understood their roles and felt the system in place did not work well. For example, one member of staff told us they had followed up referrals made to other services over a three week period and five out of the 20 referrals made had not been actioned.

During this inspection we were told how 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, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

We saw evidence that multidisciplinary team meetings took place on a quarterly basis and care plans were routinely reviewed and updated. They worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice manager, GPs and practice nursing staff held a weekly practice meeting to discuss management matters. We were told the meetings were not minuted and a log of actions was not kept. Staff told us the advanced nurse practitioner updated them of actions following the meeting.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision making requirements of legislation and guidance, including the

Are services effective?

(for example, treatment is effective)

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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and drug withdrawal treatment programmes. Patients were then signposted to the relevant service. They participated in the social prescribing project in Doncaster. The GPs and advanced nurse practitioners had the option to prescribe non-medical support to patients. This included for loneliness and social isolation, housing or advice on debt.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 92.2% to 97.4% and five year olds from 89.8% to 98.4%. Flu vaccination rates for the over 65s were 61%, and at risk groups 45%. These were lower than the CCG average of 73% and national average of 52%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

Nearly all of the 31 patient CQC comment cards we received were very positive about the service experienced. Patients documented the practice had improved more recently and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with one member of the patient participation group and seven patients' who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they had noticed improvements in the practice since September 2015.

Results from the national GP patient survey did not reflect what patients told us in the practice and on the comment cards. The most recent results available were were completed upto September 2015. The practice was below average for its satisfaction scores on consultations with doctors and comparable for the practice nursing team. For example:

- 64% said the GP was good at listening to them compared to the CCG average 87% and national average of 89%.
- 63% said the GP gave them enough time (CCG average 86%, national average 87%).
- 80% said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%).
- 50% said the last GP they spoke to was good at treating them with care and concern (CCG average 84% and national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 76% said they found the receptionists at the practice helpful (CCG and national average 87%).

The practice identified they had particularly low satisfaction scores with GPs and as part of their improvement plan were discussing feedback from patients through comments and complaints at the monthly clinical meeting to identify areas for improvement.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. This did not reflect what patients told us. For example:

- 62% 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%.
- 49% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% and national average 82%).
- Practice nurse scores were comparable to the CCG and national average:
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%).

Patients told us that they more recently 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. Most patient feedback on the comment cards we received was also positive and aligned with these views.

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

Are services caring?

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 those patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement their usual GP or the advanced nurse practitioner may contact them. This call may be followed by a consultation 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.

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 CCG to secure improvements to services where these were identified. Since our last inspection in January and February 2015, the practice had worked with the CCG and the Royal College of GPs to address the regulatory breaches.

- The practice offered extended hours surgeries on Tuesday evenings until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or those who requested them.
- Some long term condition reviews were performed in the patient's home for those who found it difficult to get to the practice.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with a serious medical condition.
- There were disabled facilities, hearing loop and interpretation services available.
- Staff had identified, compared to ten years ago, there had been an 85% increase in young people attending the practice with symptoms relating to self-harm and eating disorders. An advanced nurse practitioner was working with the local school nurse and comprehensive school on ways to promote the support the practice could offer young people including offering a drop in clinic on Tuesday evenings.
- They had identified 4% of the practice population who were at risk of emergency hospital admission. These patients were reviewed by the advanced nurse practitioner in their home or at the practice and held copies of their care plans at home.

Access to the service

The reception was open from 8am to 6pm each week day. Appointments with the GP, advanced nurse practitioners, practice nurses and healthcare assistant were available until 7.30pm on Tuesday evenings. Pre-bookable appointments could be booked up to three weeks in advance and urgent appointments were available for people that needed them. The practice had reduced the

number of patients who did not attend an appointment from 353 appointments in November 2015 to 194 in December 2015. They sent text messages to patients, who were registered for the service, to remind them of their appointment time and date. In addition staff were actively promoting access to book appointments on line and offered on the day minor illnesses appointments with the advance nurse practitioners'. They had also employed a triage nurse to assess those patient's symptoms over the telephone who requested a same day appointment. This service was not yet operational as the member of staff was completing their induction during our visit.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 28% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 39% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 37% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.

This did not reflect what patients told us, people we spoke with told us access to appointments had improved recently and they were able to get appointments when they needed them. The comments on the CQC comment cards also supported this. Patients we spoke with reported they often had to wait in the practice after their appointment time as clinics did not run to time. They told us they did not mind waiting as the GPs and advanced nurse practitioners took time to explain things to them. The practice manager told us they were working with the other practice in the building to review the telephony provision. They currently were not able to make any changes to the telephone lines or add any automated options due to contractual issues.

Listening and learning from concerns and complaints

During this inspection we were shown the new system introduced for handling complaints and concerns. We

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice kept a record of all verbal and written complaints received. We looked at 14 complaints, eight written and four verbal, received in the last three months. We noted one written complaint was not handled in a timely way and the complainant was not kept informed. Another complaint response contained subjective information not relevant to the complaint response. The

details of how to escalate their complaint to the Parliamentary Health Service Ombudsman if they were not satisfied with the response was not included in the written response letter.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Most patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw evidence staff at the practice reviewed complaints during the monthly clinical meetings and learning was shared with staff following the meeting. Minutes of the meeting were taken and stored on the shared drive.

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

When we inspected the practice in January and February 2015 staff told us the vision was to provide good patient care but they did not have a vision or strategy which was regularly reviewed. The practice had prepared a two year Business Action Plan for 2015 to 2017 which they shared with us on the second day of the inspection. The plan included objectives and actions, such as developing staff through appraisal and mentorship, improving accessibility of services and progress, long term condition work streams included dementia and people with mental health issues. However, it was unclear what measures or management arrangements were in place to monitor and manage achievement of the practices' priorities.

During this inspection we were told the practice had an improvement plan to focus on improvements needed relating to the regulatory breaches and being in special measures. The partners had not documented the longer term actions in a business plan. Staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values that staff had taken time out to contribute to and staff told us this happened informally between staff and managers.

Governance arrangements

When we inspected the practice in January and February 2015 we were shown a number of recently renewed policies (December 2014) and procedures in place to govern activity and these were available to staff in paper files in the practice. We looked at 10 of these policies and procedures which were not consistently written and there was no evidence of sign off in meeting minutes or on the policy. For example the Training Policy referred to NHS Scotland procedures. There was no evidence the updated policies had been circulated to staff or evidence of receipt recorded.

We were shown, during this inspection, a number of new policies and procedures the practice had introduced in September 2015 to govern activity. Existing policies and procedures were also reviewed and updated. Policies and procedures were available to staff on their desktop on any computer within the practice. We looked at five of these

policies and procedures and all staff had completed a cover sheet to confirm they had received an update to the policy or procedure. We saw they had all been reviewed since our last visit and were up to date.

The GP and advanced nurse practitioner took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the QOF data to measure its performance. The practice manager and GP partner shared with us how they were monitoring QOF for the current year, 2015/16, to improve care for patients. We saw that QOF data was regularly discussed at monthly team meetings. We noted the changes to policies and procedures and regular team meetings being held had happened more recently therefore we were unable to review their effectiveness over the longer term.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example infection prevention and control audit. Risk assessments were routinely reviewed at the monthly business meeting to identify any areas that needed addressing or as changes occurred.

The practice held monthly clinical meetings where governance issues were discussed. We looked at minutes from these meetings and found performance, quality and risks had been discussed.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

When we inspected the practice in January and February 2015 the practice did not have a clear leadership structure and some staff were unclear as to who took the lead roles. For example, not all staff knew who took the lead for infection prevention and control. A GP partner was the lead for safeguarding and most staff we spoke with told us this. We spoke with eight members of staff and they were all

Are services well-led?

Good 

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

clear about their own roles and responsibilities and some said the practice lacked leadership and direction. Some staff had not received regular performance reviews or attended staff meetings or development events.

At this inspection we found the practice had reviewed leadership across the practice and now had a clear structure with named members of staff in lead roles. For example, there was a lead nurse for infection prevention and control and the senior partner was the lead for safeguarding. All staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us since our last visit how each group of staff held their own team meetings and there was an open culture within the practice. They told us a lot had changed recently and sometimes they were not aware of why the changes were made. Most of the changes improved processes and systems. For example, the practice no longer had a separate telephone line to book appointments with the practice nurse. This number now could be used to book an appointment with any healthcare professional. Staff told us how this improved telephone access to the practice. They had the opportunity to raise any issues at team meetings

and their manager would take them to a clinical meeting with the other team managers. Staff said they felt respected, valued and supported. However, the practice did not hold whole practice meetings for all staff to attend.

Practice seeks and acts on feedback from its patients, the public and staff

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

The practice had started to gather feedback from patients through the patient participation group (PPG). Most members of the PPG were new to the group and they had met twice. They planned to meet regularly and had scheduled meetings for the rest of the year. They had suggested improvements to the practice management team. For example, a suggestion from the PPG group implemented the 'you said, we did' board in reception to provide feedback to patients through the comments and compliments process.

The practice had also 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Complaint investigations and responses were not handled in a timely professional way.</p> <p>This is because:</p> <p>We noted one written complaint was not handled in a timely way and the complainant was not kept informed. Another complaint response contained subjective information not relevant to the complaint response.</p> <p>The details of the Parliamentary Health Service Ombudsman were also not included in response letters.</p> <p>This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	