The Tickhill and Colliery Medical Practice

Quality Report

The Tickhill Surgery
25 St.Mary's Road
Tickhill
Doncaster
DN11 9NA
Tel: 01302 742503
Website: www.thetickhillsurgery.co.uk

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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	Requires improvement
Are services safe?	Inadequate
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Tickhill and Colliery Medical Practice on 13 October 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Some risks to patients were assessed and managed, with the exception of those relating to recruitment checks, legionella risk assessment, fire equipment checks and infection prevention and control.
- Quality and Outcomes Framework(QOF) data showed patient outcomes were average for the locality. Some audits had been carried out and we saw some evidence audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested. However patients told us they sometimes had to ring several times for non-urgent appointments as they were often not available to book in advance.
- The practice had a number of policies and procedures to govern activity, but some were over three years old and were past the review dates of 2013 and 2014. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

The areas where the provider must make improvements are:

- Ensure the actions identified in the infection prevention and control audit are implemented in accordance with the findings.
- Ensure the proper and safe management of medicines.
- Ensure the fire extinguisher risk assessment actions are followed up and equipment tested regularly.

Summary of findings

- The practice must take immediate action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.

In addition the provider should:

- Review arrangements for documenting actions taken as a result of best practice guidance and patient safety alerts.
- All staff must have access to appropriate up to date policies, procedures and guidance in order to carry out their role.
- Develop a locum GP information pack.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough enough and lessons learned were communicated informally to support improvement.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented widely to ensure patients were kept safe. Not all staff who acted as chaperones had received a Disclosure and Barring Service check (DBS). We were told a risk assessment for this had not been completed.

Staff told us they did not practice fire evacuation drills. We noted the fire safety equipment had not been routinely checked within the last twelve months. Following the inspection the practice shared with us a fire extinguisher risk assessment which had been completed and some equipment replaced. We were shown a legionella risk assessment which was completed in March 2013. It was due for review in March 2015 and we were told this had not been completed. A health and safety risk assessment of the premises was undertaken in March 2015. Following the inspection the practice submitted an infection prevention and control audit completed on 15 October 2015. We found expired medicines and open ampoules in an emergency medicine box stored with the defibrillator and oxygen cylinders. Staff told us they were not sure where the box came from or why it was there. Recruitment checks were not consistently carried out and the three files we reviewed lacked appropriate checks prior to employment and did not follow the practices recruitment policy.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average or just below for the locality. 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.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed patients rated the practice as comparable to others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good 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. Patients said they sometimes found it difficult to make an appointment as the telephone lines to the practice were busy first thing in the morning and often they would visit the practice to make an appointment in person. Urgent appointments were available on the same day. The practice had good facilities and was equipped to treat patients and meet their needs. The practice leaflet detailed information about how to complain. Some patients told us complaints information was difficult to find on the practice website. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Governance and whole practice meetings were not held. The practice proactively sought feedback from patients and had an active patient reference group. All staff had received inductions and had received regular performance reviews but did not attended all staff meetings and events.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed outcomes for patients were comparable to other practices for conditions commonly found in older people. 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, in dementia and end of life care. It was responsive to the needs of older people and offered home visits.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in long term condition management and patients who had multiple long term conditions received were reviewed in one longer appointment. This negated the need for multiple appointments. Those patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named GP and Nurse Coordinator worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 comparable to local and national averages for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we

Summary of findings

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.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including homeless people and travellers.

The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable. Patients were given information about 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia). The practice was rated as inadequate for safe and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Of those experiencing poor mental health, 96%

Summary of findings

had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.

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. Staff had received training on how to care for people with mental health needs and living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 116 responses and a response rate of 46% to the survey. This represented 1% of the practice population.

- 82% found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 91% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 67% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.

The following responses were below average:

- 58% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 33% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 50% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 45% felt they didn't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed CQC comment cards which were all positive about the standard of care received. We also spoke with seven patients on the day of the inspection who were mostly positive about their experience of the service. Patients told us on the comment cards and in discussions staff were helpful and polite and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy. There were a small number of comments on the CQC cards reporting access to the practice first thing in the morning by telephone was difficult as the line was often engaged. This led to people attending the surgery early in the morning to make an appointment in person and often queues formed outside waiting for the practice to open.

The Tickhill and Colliery Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Tickhill and Colliery Medical Practice

The Tickhill and Colliery Medical Practice, or Tickhill Surgery as it is known locally, is located in Tickhill on the outskirts of Doncaster. The practice provides services for 9,281 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth less deprived areas in England. The age profile of the practice population is different to other GP practices in the Doncaster Clinical Commissioning Group (CCG) as there are more patients over the age of 65 years, 75 years and 85 years old registered at the practice.

The partners have another surgery The Tickhill & Colliery Medical Practice, known locally as The Colliery Surgery, located in the village of Harworth. There is one single patient list for both surgeries, so patients can be seen at either location depending on which is more convenient for them. We visited both locations on the day of our inspection.

The practice has three GP partners (all female), a male salaried GP and two GP Registrars (one male and one female). They are supported by five practice nurses, one of which was an independent nurse prescriber, two healthcare assistants and a team of management and administrative staff. The GPs and practice nursing staff work at both locations.

The practice is open from 8.30am to 6pm four days per week and closed on Thursdays at 12.15pm with telephone calls transferred to The Colliery Surgery. Clinic times are variable for each GP, practice nurse and health care assistant between 8.30am and 5.45pm. Telephone calls to the practice between 6pm to 8.30am on weekdays and weekend days and bank holidays are answered by the out-of-hours service. Patients can also attend the Colliery Surgery where variable appointment times are also available through the week. Pre-booked appointments from 8.30am to 1.15pm are available at Tickhill Surgery on every first, third and fifth Saturday of the month and at Colliery Surgery every second and fourth Saturday for people who find it difficult to get to the practice during the week.

Diabetic, asthma, coronary heart disease, antenatal and mother & baby clinics are run each week. Out-of-hours care 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 all of the GP partners at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

Detailed findings

The Tickhill and Colliery Medical Practice is registered to provide maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; family planning and diagnostic and screening procedures from 25 St Mary's Road, Doncaster, DN11 9NA.

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. This 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.

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.

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Doncaster CCG and NHS England to share what they knew. We carried out an announced visit on 13 October 2015. During our visit we spoke with three GPs, a GP Registrar, the nurse coordinator, a practice nurse, the practice manager, the deputy practice manager and four members of the administrative team. We also spoke with six patients who used the service and reviewed 16 comment cards. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We 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)

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice manager, clinical and medical staff carried out an analysis of the significant events and fed back findings to the rest of the team in person or via email.

We reviewed safety records and incident reports. We were told the meetings where these were discussed were not always documented. Some lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the referral process to other services was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Briefings with staff to update them on the change to procedure were documented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. We asked to see a log of actions taken as a result of safety alerts and NICE guidance and were told by the practice manager one was not kept.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The electronic patient call board in the waiting room advised patients staff would act as chaperones, if required. Not all staff who acted as chaperones had received a disclosure and barring check (DBS) and the practice manager told us a risk assessment for this had not been completed. 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). Staff told us they had received in house chaperone training from the practice nurse and followed the practice procedure when chaperoning patients.

There were limited 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. Following the inspection the practice submitted a health and safety risk assessment of the premises undertaken in March 2015. A fire risk assessment of the premises was completed in October 2014. Records of weekly fire alarm testing were last dated August 2015. We were told fire drills were not performed. We noted the fire safety equipment had not been routinely checked within the last twelve months. Following the inspection the practice shared with us a fire extinguisher risk assessment which was completed on 15 October 2015 and evidence some fire extinguisher equipment was replaced.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We were shown a legionella risk assessment which was completed in March 2013. It was due for review in March 2015, we were told this had not been completed. We were told cleaning staff ran the taps weekly to reduce the risks of legionella and records of this were kept in the sluice room. Following the inspection the practice submitted evidence a legionella testing kit was purchased and samples taken for testing.
- We observed the premises to be tidy but noted the carpet in the waiting room and hall ways was marked in areas of high foot traffic. The seating in the waiting room area was fabric and not easily cleaned. They did not

have a schedule for cleaning the carpets and seating in the reception area. We noted the pull light switch in the patient toilet in the treatment room corridor was heavily marked. Soap dispensers in the patient toilets, treatment and consultation rooms were not wall mounted. We noted there were no sanitary disposal receptacles in staff or patients toilets. A sign in the patient toilet in the treatment corridor asked people to dispose of nappies and sanitary products in the black bin. A practice nurse was the infection prevention and control (IPC) clinical lead. There was IPC protocol in place and staff had received up to date training. We were told an IPC audit was last completed in November 2013. Following the inspection the practice submitted an infection prevention and control audit completed on 15 October 2015. We noted the audit did not document the areas of concern identified during the inspection. For example it documented the seat covering in the reception area as made of impermeable and washable materials.

- Staff told us a stock of medicines to be used in an emergency were stored in two treatment rooms. In addition to this we found a further medicine box stored with the defibrillator and oxygen cylinders which expired medicines and open medicine ampoules. This medicine box was stored next to the defibrillator and oxygen cylinders. There was a risk of this box being grabbed at the same time as the oxygen and defibrillator to use in an emergency situation. Staff told us they were not sure where the box came from or why it was there. We observed the expired medicines and open ampoules were disposed of appropriately. We asked to see the emergency medicine check list and were shown check lists for the two treatment rooms. They were checked regularly. We observed the expired medicines and open ampoules were disposed of appropriately. We were told the practice now kept two oxygen cylinders as one had nearly run out when it was required for use. We noted this was not reported as a significant event. Other arrangements for managing medicines, including emergency drugs and vaccinations were in order (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. We did observe written prescriptions for collection by patients were kept in an accessible place. We reported this to a member of reception staff.
- Recruitment checks were not consistently carried out. The three files we reviewed lacked appropriate checks prior to employment and did not follow the practices recruitment policy. The practice manager told us not all of the recruitment information was kept in the paper file and some of it was held electronically in other files that were not accessible at the time of our visit. For example, of the files we observed only one contained a written reference and one a verbal telephone reference. Registration with the appropriate professional bodies was evident. The practice recruitment policy stated all staff were to undergo DBS checking procedures. We were shown DBS certificates which related to staff's previous employment with other organisations. The practice did not log onto the DBS portability system or contact the DBS service prior to the employment of those staff to check their DBS status. We were told this was completed following the inspections and DBS checks requested for those remaining staff.
- 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

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. A member of staff who had started at the practice in June 2015 was yet to undertake this training. The practice had a defibrillator available on the premises and oxygen with adult masks. We were told children's masks were not kept as the sizes varied. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 some systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. A log of actions taken as a result of safety alerts and NICE guidance was not kept.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results, from 2013/14, showed the practice had achieved 95% of the total number of points available, with 6.1% exception reporting. Data showed:

- Performance for diabetes related indicators was 7% below the CCG and 3 % below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 2% below the CCG and 2% above the national average.
- Performance for mental health related indicators was 4% better than the CCG and 9% above the national average.
- The adjusted dementia diagnosis rate was 4% above the national average.

Staff told us long term condition reviews for patients with diabetes was lower than other practices in the area for the year 2013/14. They had highlighted this as an area for improvement and arranged for the Nurse Coordinator to visit those patients unable to come to the surgery at home. Long term condition reviews, medication reviews, foot checks and blood tests could be performed. They showed us they had improved the number of long term condition reviews for patients with diabetes in 2014/15 by 3%. At the time of writing this report the QOF results for the year 2014/15 were not in the public domain so the practice achievement could not be compared to CCG and national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included actions to ensure patients were on the most effective medication for diabetes.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, appraisals, coaching and mentoring and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff 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.
- We were told the practice used locums on a regular basis who were known to the practice and the local area. They did not have a locum information pack.

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

Good

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the healthcare assistants.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was just above the CCG average of 82% and above the national average of 76%. 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.2% to 100% and five year olds from 94.4% to 100%. Flu vaccination rates for the over 65s were 6% lower than the CCG and national average. Flu vaccination for at risk groups were 10% lower than the CCG and national average.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. Curtains were provided in consulting rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted most consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient reference group on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and this was with compassion, dignity and respect. The practice was comparable to other practices in the area for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 86% said the GP gave them enough time compared to the CCG and national average of 86%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told 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. There was a practice register of all people who were carers and they were offered health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us if families had experienced bereavement, their usual GP contacted them. This call was either followed by 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered pre-booked appointments from 8.30am to 1.15pm at Tickhill Surgery on every first, third and fifth Saturday of the month and at Colliery Surgery every second and fourth Saturday for people who found it difficult to get to the practice during the week.
- There were longer appointments and home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and interpretation services available.
- The Nurse Coordinator could perform long term condition reviews, medication reviews, foot checks and take blood for tests at the patient's home if they were unable to get to the surgery. Patients who had more than one long term condition received a complete and thorough review in one longer appointment. This negated the need for multiple appointments.

Access to the service

The practice was open from 8.30am to 6pm four days per week and closed on Thursdays at 1pm with telephone calls transferred to The Colliery Surgery. Clinic times were variable for each GP, practice nurse and healthcare assistant between 8.30am and 5.45pm. Telephone calls to the practice between 8am to 8.30am and 6pm to 6.30pm were answered by the out-of-hours service. Patients could also attend the Colliery Surgery where variable appointment times were also available through the week. Pre-booked appointments from 8.30am to 1.15pm were available at Tickhill Surgery on every first, third and fifth Saturday of the month and at Colliery Surgery every second and fourth Saturday for people who found it difficult to get to the practice during the week.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 57% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 67% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 50% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Urgent appointments were usually available on the day they were requested. However, patients told us they sometimes had to ring several times for non-urgent appointments as they were not available to book more than a week in advance. People we spoke with on the day told us they sometimes had to come to the surgery first thing in the morning to make a same day appointment as the phones were continually busy. They also told us clinics often did not run to time. Three CQC comment cards also reported these difficulties making an appointment. The practice manager and members of the patient reference group had recently reviewed and changed the appointment system following feedback. They had introduced more appointments which were bookable on the day. Staff told us since the review the number of appointments booked where people did not attend had reduced from 201 In June 2015 to 56 in August 2015. Staff and patient reference group members told us they actively promoted the booking of appointments online for those who had internet access.

Listening and learning from concerns and complaints

The practice had a 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 information was available to help patients understand the complaints system in the practice leaflet and we were told by the practice manager a notice in the waiting room area had been removed prior to our visit. Patients we spoke with told us it was not easy to find out how to complain on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 12 complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency with dealing with the compliant. We noted the complaint responses did not include the details of the Parliamentary Health Service Ombudsman to offer further review if the complainant remained unsatisfied.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the procedure to re-order medicines was reviewed following a complaint where immunisations were not available to give to a child. A member of staff was now responsible for ordering immunisations and maintaining stock levels

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients.

The GPs were aware of future challenges and had plans in place to manage these. For example, one of the GP partners who was also the Registered Manager was to retire at the end of October. A new partner was in place and they had recently recruited a salaried GP.

Governance arrangements

We found the practice governance framework to support the delivery of good quality care required improvement. We noted:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The GPs had an understanding of the performance of the practice and had been working towards improvements in prescribing and patient experience. The QOF data for this practice showed it was performing in line with national standards. Some clinical audits had been carried out and evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and action had been taken, when appropriate, in response to feedback from patients or staff.
- Practice specific policies were implemented and were available to all staff. Some of the policies and procedures we looked at had not been reviewed on their due review date recorded as 2013 and 2014.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but audits were not used routinely to monitor the quality of the service and practice. For example, prior to our visit the last infection prevention and control audit was completed in November 2013. The fire equipment was not tested annually and records of weekly fire alarm testing were last dated August 2015. We were told fire drills were not performed
- Some records were not always adequately maintained. For example, records of recruitment were not well organised and were held in a number of different places.
- Monthly clinical meetings were held for clinical and medical staff and the management team where governance issues were discussed. We were told these meetings were not always documented.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, disciplinary procedures and management of sickness which were in place to support staff and noted some had passed the review date of 2013. We were shown the electronic staff handbook 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

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us medical and clinical staff held monthly team meetings. The administration team held a meeting four times a year during practice learning time. Whole practice staff meetings were not held. Staff told us there was an open culture within the practice. They had the opportunity to raise any issues and felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. They told us they felt involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient reference group and through surveys and complaints received. The patient reference group were active and met on a regular basis, carried out patient surveys and submitted proposals

Are services well-led?

Requires improvement

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

for improvements to the practice management team. For example, the appointments system was reviewed following feedback from the patient reference group. The members also contributed to a monthly article about the practice in a local magazine to keep the local community informed of practice news. They also held regular events for patients and attended the annual local Gala's to promote the work of the group, gain feedback from patients and recruit new members. A leaflet was produced by the group to share with patients to promote their role.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. This was because: We found expired medicines and open ampoules in an emergency medicine box stored with the defibrillator and oxygen cylinders. We were told children's oxygen masks were not kept as the sizes varied. **This was a breach of Regulation 12 (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises and equipment were not adequately maintained. This was because: We noted the fire safety equipment had not been routinely checked within the last twelve months. Records of weekly fire alarm testing were last dated August 2015. We were told fire drills were not performed. There were no sanitary disposal facilities in the staff or patient toilets. **This was a breach of Regulation 15 (1) (a) (e) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance.** Governance systems and processes were not established and operated effectively. This was because: Some of the policies and procedures we looked at had not been reviewed on their due review date recorded as 2013 and 2014.We reviewed the disciplinary procedures and management of sickness policies which were in place to support staff and noted some had passed the review date of 2013. Audits were not used routinely to monitor the quality of the service and practice. For example, prior to our visit the last infection prevention and control audit was completed in November 2013. Some records were not always adequately maintained. For example, records of recruitment were not well organised and were held in a number of different places. **This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.** Checks that staff were of good character where not adequate and recruitment procedures were not established and operated effectively. This was because:

This section is primarily information for the provider

Requirement notices

Recruitment checks were not consistently carried out and the three files we observed only one contained a written reference and one a verbal telephone reference.

Not all staff who acted as chaperones had received a disclosure and barring check (DBS) and the practice manager told us a risk assessment for this had not been performed.

We were shown DBS certificates which related to staff's previous employment with other organisations. The DBS status was not checked for these staff with the DBS service prior to their employment with the practice.

This was a breach of Regulation 19 (2) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.