

# St George's Medical Centre PMS Practice

## 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?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Georges Medical Centre PMS practice on the 17 October 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Staff were aware of current evidence based guidance.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Review the system for updating medication Patient Group Directives, (PGD) to ensure they are correctly signed at the correct time by all staff.
- Liaise with NHS property services to ensure the premises used to care for and treat patients comply with the estates, and facilities alert regarding window blinds with looped cords or chains. (REF: EAF/2010/007 Issued 8 July 2010). The manager took action to ensure patient safety on the day of the inspection.
- Review the arrangements for disposal of controlled drugs.
- Review the complaints procedure to ensure it contains the details of the Parliamentary and Health Service Ombudsman and investigation notes are retained.

# Summary of findings

- Ensure the Duty of Candour is incorporated into the practices policies and incident forms. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

**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 an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had generally safe systems in place for the management of medicines. However, the doctor had not signed the updated patient group directives. The doctor signed these on the day of the inspection.
- NHS property services were responsible for the management and maintenance of the building. However, the building had window blinds with looped cords or chains in the shared waiting room that could pose a strangulation risk to young children. On the day of the inspection, the practice manager informed NHS property services of the risk, who made temporary adjustments to ensure patient safety in the waiting room. In addition they updated the premises risk assessment and made staff aware of the risks.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes similar to or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Good



# Summary of findings

## 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 higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice offered a service to patients who were travellers.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients living with dementia. The practice had a dementia champion and all staff had carried out dementia awareness training.
- Patients commented that they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had responded to patient feedback about the difficulty in contacting the practice by telephone. The practice had implemented dedicated reception staff for the telephones.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. However, the practice did not have details of the ombudsman in the complaints information, the practice manager amended the policy on the day of the inspection.

Good



## Are services well-led?

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

- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. However, this was not reflected in one of the practices policies for staff to follow.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients such as the vasectomy clinic.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All staff had attended dementia awareness training and the practice had a dementia champion who kept up to date with local resources.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra 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 disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 75%, which was similar to the CCG average of 76% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- To try to prevent readmission, patients who have been admitted to hospital with exacerbation of chronic obstructive airways are seen within 2 weeks in the practice to ensure they have a care plan in place, a medication and condition review.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 75% to 94% and five year olds from 91% to 96%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



## 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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours from 7am on a Tuesday, Wednesday and Friday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- All staff were aware that when an urgent appointment is requested for a child, that priority is given and they will be seen as extra if all other appointments are fully booked.

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

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

- The practice carried out advance care planning for patients living with dementia.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was better than the CCG average of 86% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. The practice had a dementia champion, (A member of staff who kept upto date with local support for people with dementia).
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. The dementia champion had contacted patients and carers to inform them of a new local dementia support group.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. All staff had dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was mostly performing in line with local and national averages. 329 survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% to the national average of 77%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the 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 45 comment cards which were all positive

about the standard of care received. They described they had received a consistent approach and staff had always been helpful. Six patients commented on the difficulty in accessing the practice by telephone.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The member of the PPG described how this was an internet group, who were provided with newsletters and information about any changes to the service and asked for a response. The practice manager said the group now had 29 members.

The practice carried out an annual survey; the results and report of actions they planned to take in response to the survey were available on the practice website. 150 surveys were returned, 133 found the practice good, very good or excellent.

# St George's Medical Centre PMS Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

## Background to St George's Medical Centre PMS Practice

St George's Medical Centre PMS Practice is located on the outskirts of Barnsley. The building is an NHS LIFT building with good parking facilities and disabled access.

The practice is registered with the CQC to provide primary care services. The practice provides primary care services for approximately 6,759 (3,374 male, 3,385 female) patients under a Primary Medical Services (PMS) contract with NHS England in the Barnsley Clinical Commissioning Group (CCG) area. (The PMS contract is a contract between a general practices and NHS England for delivering primary care services to local communities.)

The practice has a higher level of deprivation (A score of three. The lower the level of Multiple Deprivation (IMD) decile the more deprived an area is.) An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Information collated by Public Health England in 2015/2016 shows over 50% of people have long-standing health conditions.

The practice has a three GPs (two male and one female), an advanced nurse practitioner, two nurses, one health care assistant and one phlebotomist working at the practice. They are supported administration and reception staff.

The practice is open Monday and Friday 8am to 6.30pm and Tuesday, on Wednesday and Thursday it opens earlier at 7am to 6.30pm.

When the practice is closed, telephone callers to St George's medical centre PMS practice are asked to call NHS 111 and they will direct the patient to the appropriate service which could be GP Surgery next day, A&E, iHeart Barnsley and Out of Hours provided also by iHeart Barnsley. This service is commissioned by Barnsley Clinical Commissioning Group.

St George's Medical Centre PMS Practice was previously inspected by CQC on the 2 December 2014 where the overall quality rating for the practice was found to be Good.

## 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations Healthwatch and the NHS Barnsley CCG to share what they knew. We carried out an announced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff (Practice manager, Advanced Practice Nurse, Receptionists and GPs and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, although the staff informed patients when an incident had occurred, the incident recording form did not include the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed at monthly practice meetings.
- The practice had a system in place to ensure all staff receive patient safety alerts.
- We saw evidence that staff shared lessons learnt and action was taken to improve safety in the practice. For example, a doctor increased a patient's medication. The patient used a monitored dosage system (MDS) (This is a box that holds all of the patient's medication segregated into daily compartments.) However, the doctor did not inform the pharmacist to change the MDS system so the patient's medication was not increased. The patient returned to the practice with the same symptoms and the staff identified the mistake. This was discussed at the monthly clinical meeting to increase the doctors awareness to share this information with the pharmacist and the reception staff that manage the repeat prescriptions service.
- The practice also monitored trends in significant events and evaluated any action taken, produced a report and held a meeting for all staff annually. However, the practice did not have this procedure fully detailed in a policy for the management of significant events to ensure a consistent approach.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. Staff had a link to the local authority policies and procedures on the desktop on their computers and telephone numbers of the local safeguarding agencies to hand. 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. From the sample of documented examples we discussed and reviewed we found that the GPs alerted and referred to other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that staff took action to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

There were processes for handling repeat prescriptions, which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.

The practice had adopted Patient Group Directions (PGD) to allow two nurses to administer medicines in line with legislation. We found the nurses had up to date training for the administration of the PGDs. However, due to illness, the updated PGDs had not been signed by the doctor. The doctor signed the PGDs on the day of the inspection.

We reviewed three staff personnel files and found the practice had undertaken appropriate recruitment checks prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (Disclosure and Barring Service (DBS) checks are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- NHS property service owned and managed the building and other healthcare services were collocated in the building. The provider had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as an environmental, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we observed the looped cords and chains on window blinds that could present a strangulation hazard to people. The practice manager immediately updated the premises risk assessment, made all staff aware of the potential risks and informed the NHS property managers, who made immediate adjustments to the blinds in the shared reception.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice did not have a controlled drug disposal kit for the disposal of rectal diazepam.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and the CCG and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from QOF year 2015/16 were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. Exception reporting was 14.7% which was 4% above the CCG and 0.7% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 75%, which was similar to the CCG average of 76% and the national average of 78%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 88% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last twelve months, these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a audit reviewed patient attendance for high blood pressure reviews and the treatment offered. This found that in some cases blood cholesterol checks

had not been carried out and medication had not been offered. The practice had reviewed these findings at a clinical meeting and had raised the awareness of prescribing these medicines to the clinical team.

- The practice manager monitored the patient outcomes in the QOF and altered the clinicians so any issues could be promptly addressed.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients, polypharmacy, Dementia, Mental Health Assessments. All staff had completed dementia awareness and Mental Capacity Act training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, medical records and investigation and test results.
- From the sample of documented examples we discussed and reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients. The practice held monthly palliative care meetings attended by GPs, nurses, district nurses, McMillian nurses and community matron to discuss patient's needs. A system was followed to ensure staff responded quickly to the patient's needs. The senior administrator co-ordinated the meetings and updated the palliative care system and informed other services of any changes. For example the out of hours service etc.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had attended awareness training. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice had the support of a health trainer provided by the CCG to help patients with a healthier lifestyle.
- Staff had encouraged 256 out of 401 patients with diabetes, asthma, chronic obstructive airways disease; dementia had an annual medication review since April 2017.
- The practice had registers of patients who had needed support to lead a healthier life. The staff used the lists to encourage patients to have annual health reviews.
- In the last twelve months 62% of patients aged 40 to 75 years old had an annual health check.

The practice's uptake for the cervical screening programme was 86%, which was comparable with the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 75% to 94% and five year olds from 91% to 96%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Staff closed consultation and treatment room doors during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Reception staff answering the telephones had been recently moved from the front desk into a back room so that patient confidentiality could be protected.

All of the 45 patient Care Quality Commission 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The member of the PPG described how this was an internet group, who were provided with newsletters and information about any changes to the service and asked for a response. The practice manager said the group had 29 members.

The practice carried out an annual survey; the results and report of actions they planned to take in response to the survey were available on the practice website. Of 150 surveys returned, 133 found the practice good, very good or excellent.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity

and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. 329 survey forms were distributed and were returned. This represented 35% of the practice's patient list.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 93%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards stated 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% national average of 82%.

## Are services caring?

- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Staff had access to short care plans that provided information about patients specific needs for example, aids needed to help a patient who was visually impaired and who had hearing loss.

The practice offered social prescribing for patients, this enabled patients to join groups that prevented isolation or seek welfare advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (2.4% of the practice list). Older carers were offered timely and appropriate support by the dementia champion.

Staff told us that if families had experienced bereavement, they were contacted if they needed support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours Tuesday, Wednesday and Thursday mornings from 7am until 6.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients those who needed them..
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- All staff were aware that when an urgent appointment is requested for a child, that priority is given and they will be seen as extra if all other appointments are fully booked
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS .
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The consultation rooms were on the ground floor and the practice had disability access. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- Patients reported they could see a doctor of their choice
- The practice had a dementia champion and all staff had carried out dementia awareness training.
- The provider offered vasectomy clinic
- To try to prevent readmission, patients who have been admitted to hospital with exacerbation of chronic obstructive airways were seen within 2 weeks in the practice to ensure they have a care plan in place, a medication and condition review.
- The practice had a system in place to ensure patients who required a urgent referral were seen within 14 days.

Where the patient required a routine appointment The NHS e-referral system, (previously known as the choose and book system) was used. The practice did not have a system in place to follow these up.

### Access to the service

The practice was open Monday and Friday 8am to 6.30pm and Tuesday, Wednesday and Thursday it opened earlier at 7am. Pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice enabled patients to access appointments throughout the day, by following a system of releasing appointments at different times during the day. On the day of the inspection (Tuesday), a reception staff member told us they could book a routine appointment for the following Monday.

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

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 71%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 81%.
- 76% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Five comment cards and the practice patient survey, commented difficulty in contacting the practice by telephone. The practice manager explained that the

# Are services responsive to people's needs?

(for example, to feedback?)

practice was limited to the number of incoming telephones into the building which they did not have control over. However, following the closure of the branch site dedicated reception staff answered telephones.

The practice had a system to assess:

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

The reception staff had a protocol to follow that enabled them to assess whether the appointment was urgent, non-urgent, follow up or query. In addition they could refer patients to be seen by the triage nurse who worked three mornings a week and treated minor ailments.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. In addition patients had access to iheart 365 Barnsley for appointments, if the practice was unable to offer one. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the policy and letters did not inform patients about how to progress the complaint to

the Parliamentary and Health Service Ombudsman if they were dissatisfied with the practice's response. The practice manager amended the policy on the day of the inspection to include the details of the Parliamentary and Health Service Ombudsman.

- 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.

The practice had received six complaints in the last twelve months. We looked at two of these and found the staff had dealt with them promptly and handled them in a compassionate way, with openness and transparency. The practice reviewed the complaints annually and lessons were learned from individual concerns and complaints from the analysis of trends action were taken to improve the quality of care. However, although the practice manager detailed the investigation of the complaint in the letter to the patient they did not keep notes made during the investigation.

An example of the practice learning from a complaint was a healthcare professional changed a patient's medication on the computer and the practice failed to issue it as part of the patient's repeat prescription, the patient was apologised to. The practice learnt that it was necessary to carry out an additional check of both the data on the computer and any repeat prescriptions to check they were correct.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The staff talked about a friendly family based practice that wanted to provide a consistent approach for patients.

The provider was aware of challenges to the practice and had put systems in place to assist them to meet the challenges. For example, the practice had reviewed and improved the telephone system following feedback by patients.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the advanced nurse practitioner supervised and offered training to help develop the nursing team. A doctor was the lead for safeguarding and another led on audits.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording, and managing risks, issues and implementing mitigating actions. For example, for infection control and the environment. During the inspection, we saw staff responded quickly to any risks identified by the inspection team.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and had some systems to help ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice did not have duty of candour explained in a policy.

The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multidisciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in some discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was an online group of 2 patients that the practice manager provided information for the members to

# Are services well-led?

Good 

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

comment on. The provider carried out patient surveys and submitted proposals for improvements to the practice management team. These were available on the practice website.

- 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 partners ran the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example one of the doctors was the Chairman of the local CCG.