

# The Sloan Practice

## Quality Report

Sloan Medical Centre  
2 Little London Road  
Sheffield  
S8 0YH

Tel: 0114 2581554

Website: [www.sloanmedicalcentre.co.uk](http://www.sloanmedicalcentre.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	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 The Sloan Practice, which is one of the four Extended Access Hub sites across Sheffield, on 23 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, recording and actioning significant events. However, it was not evident how lessons learned from significant events were disseminated and shared with staff working across the Hub sites.
- The service 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.
- CQC comment cards and the NHS friends and family survey data showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Patients we spoke with were very satisfied with the availability and timeliness of their appointments.
- Improvements were made to the quality of care as a result of complaints and concerns.
- The premises 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 service sought feedback from patients, which it acted on.

We saw one area of outstanding practice:

- The service offered physiotherapy appointments. Patients could book directly into these appointments via their own GP practice. Provider data between July and September 2017 showed that 90% of patients seen with joint pain had required only one appointment for self management advice. The physiotherapist could refer patients directly through the local musculoskeletal pathway if appropriate.

The areas where the provider should make improvement are:

# Summary of findings

- Review how learning and development from significant events and complaints could be fed back and shared to staff working across the four Hub sites.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events and action was taken to improve safety in the service. However, it was not evident how lessons learned from significant events were disseminated and shared with staff.
- The service manager told us that if things went wrong with care and treatment, patients would be informed of the incident, receive reasonable support, truthful information, a written apology and would be told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities regarding safeguarding and all had received training on safeguarding children and adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of induction for staff. Staff who were due an appraisal within the last 12 months had received one and those who had been employed for less than 12 months had one scheduled.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Survey information we reviewed and CQC comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The service understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with were very satisfied with the availability and timeliness of their appointments.
- The service offered physiotherapy appointments. Patients could book directly into these appointments via their own GP practice. Provider data between July and September 2017 showed that 90% of patients seen with joint pain had required only one appointment for self management advice. The physiotherapist could refer patients directly through the local musculoskeletal pathway if appropriate.
- The premises had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the provider responded quickly to issues raised. However, it was not evident how lessons learned from complaints were disseminated and shared with staff.

Good



## Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had standard operating procedures (SOPs) and policies and procedures to govern activity and held regular governance meetings with the management team and board. We did not see evidence of a structure that allowed for lessons to be learned and shared following significant events and complaints. We saw evidence of some staff bulletins but most staff we spoke with told us they had not had sight of these.
- 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 and had access to training updates.
- The provider was aware of the requirements of the duty of candour.
- The service sought feedback from patients through the NHS friends and family test.
- There was a focus on continuous improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The service was not commissioned to provide home visits as this service was offered by the Sheffield GP out of hours service.
- Where older patients had complex needs, the practice shared summary care records with local care services as appropriate.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Patients with long-term conditions would be monitored and managed by their usual GP. However, the service offered supplement appointments for some long-term conditions, for example, asthma to improve the monitoring and management of these conditions by offering access in the evening and at weekends.
- Nursing staff had lead roles in offering asthma reviews and had a plan to start undertaking diabetic reviews in the near future and staff were currently being recruited for this. Patients' care plans were updated to reflect any additional needs.

Good



### Families, children and young people

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

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The premises were suitable for children and babies. Monitoring data undertaken by the provider indicated that 28.5% of attendees at the Hub sites were under the age of 15.
- Arrangements were in place to safeguard children from abuse. These arrangements reflected relevant legislation and local

Good



# Summary of findings

requirements. Policies were accessible to all staff and outlined who to contact for further guidance. There was a lead GP for safeguarding and all staff had received training on safeguarding children relevant to their role.

- The service provided cervical cytology for patients who could not attend during the working day.
- The practice had emergency processes for acutely ill children and young people.

## **Working age people (including those recently retired and students)**

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

- The service operated evenings and weekends 52 weeks a year to provide patients who could not attend an appointment during the day choice and flexibility when booking an appointment. The service offered continuity of care as consultations were recorded directly into the patients' medical record.
- The service offered urgent same day appointments to see a GP and access to nurses and healthcare assistants for routine care, for example blood tests, ear syringing, blood pressure checks, removal of sutures and dressing changes. The service also offered first contact appointments with a physiotherapist for musculoskeletal problems, for example, joint pain. The service had audited this and data showed that 90% of patients seen with joint pain were dealt with at the first appointment.

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 offered longer appointments for all patients.
- 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 when required.

Good



## **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 living with dementia).

Good



# Summary of findings

- The service had considered the physical health needs of patients with poor mental health. For example the service was in the process of developing its skill mix to respond to mental health needs across the locality by providing a primary mental health appointment for those who could not attend their own general practice during working hours.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the service they received at the extended access Hub. Patient feedback was obtained by the provider on an ongoing basis and was included in their monitoring reports to the board. The provider had completed regular patient experience surveys across the four Hub sites. The service had received 421 responses between 1 July 2017 and 16 October 2017. Patients responses indicated they were satisfied with the service, for example:

- The majority of people 99.5% (419 out of 421) said they were treated with dignity and respect.

- The majority of people 97% (409 out of 421) said they were likely or extremely likely to recommend the service to their friends and family if they needed similar care or treatment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Comments included praise for the care received from the GPs and nursing staff as well as a helpful and polite service from the receptionists. Patients were satisfied with the availability and timeliness of the appointments. We spoke with three patients during the inspection who said they were satisfied with the care they had received and thought staff were approachable, committed and caring.

# The Sloan Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to The Sloan Practice

The Sloan Practice is situated at 2 Little London Road, Sheffield, S8 0YH and provides an extended access primary medical care service as one of four satellite Hubs for 580,000 patients living in the Sheffield area. It also provides access to primary care to patients not resident in Sheffield who contact the NHS 111 service during out of hours periods. The service is provided by Primary Care Sheffield Limited who have three other locations registered with Care Quality Commission as satellite Hubs:

Woodhouse Health Centre, 5-7 Skelton Lane, Sheffield S13 7LY

The Crookes Practice, 203 School Road, Sheffield, S10 1GN

The Healthcare Surgery, 63 Palgrave Road, Sheffield, S5 8GS

The provider is contracted by the local clinical commissioning group (CCG) to offer a range of urgent and routine primary medical services through the four satellite Hubs on weekday evenings and at the weekends. The services available include: urgent appointments with a GP, physiotherapy appointments for musculoskeletal problems and practice nurse and healthcare assistant appointments for the following routine services: removal of sutures, dressing changes, asthma reviews, ear syringing, cervical cytology, blood pressure checks and blood tests. The

service is open seven days a week (including bank holidays) from 6pm to 10pm Monday to Friday and 10am to 6pm at weekends. The average number of patients seen a week at this Hub is 150 with 33,628 appointments being utilised across the four Hub sites in the last 12 months. Patients can arrange an appointment either through their usual GP or by contacting the NHS 111 service when their own GP practice is closed. Patients may be seen by a GP, practice nurse, physiotherapist or healthcare assistant depending on their needs. The service is provided by existing Sheffield GPs and practice nurses who have an agreement with Primary Care Sheffield Limited to provide GP and practice nurse sessions in the Hubs. The provider employs physiotherapists and healthcare assistants. There is a Hub manager at each site who is supported by a team of reception staff.

## 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 service and asked other organisations for example Healthwatch to share what they knew. We carried out an announced visit on 23 October 2017. During our visit we:

- Spoke with a range of staff (chief executive, director of systems and access, director of primary care, clinical lead, service manager, Hub manager, physiotherapist, practice nurse and two reception staff) 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 a 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 service used to deliver care and treatment plans.
- Reviewed records relating to the management of the service.

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

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

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

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

Please note that when referring to information throughout this report it 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 report any incidents on the shift report which was sent to the provider daily by the Hub manager. Incidents would be reviewed by the management team and escalated to a significant event if necessary. The incident form used to record significant events supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service manager told us that if things went wrong with care and treatment, patients would be informed of the incident, receive reasonable support, truthful information, a written apology and would be told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records where significant events were discussed. The management team carried out a thorough analysis of the significant events and we saw evidence that action was taken to improve safety across the four Hub sites as a result. For example, laptops had been purchased to enable continuation of service if the computer system was not able to be used. However, it was not evident how lessons learned from significant events were disseminated and shared with staff working across the Hubs.

### Overview of safety systems and processes

The service 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. 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.
- 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 practice nurses were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff we spoke with 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).

Appropriate standards of cleanliness and hygiene were maintained.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- There was an Infection, Prevention and Control (IPC) protocol and staff we spoke with had received up to date training. An IPC audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- The service had carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit had been completed to ensure staff were following the Sheffield formulary guidelines for antibiotic prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The service did not administer vaccines to patients.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for permanent staff. 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 DBS. We also saw evidence annual monitoring checks were undertaken by the provider

## Are services safe?

for staff who worked in the Hubs on a sessional basis. For example, the GPs and practice nurses. These checks included DBS, registration with the appropriate professional bodies and medical indemnity.

### 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.
- The service had an up to date fire risk assessment for the premises and carried out regular fire drills. Staff had received fire safety training.
- 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 control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. For example, there were rotas to ensure two receptionists were on duty on each shift.

### Arrangements to deal with emergencies and major incidents

The service 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 which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- There was 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had systems to keep all clinical staff up to date. Any changes in guidance would be printed out by the service manager and made available to staff in the Standard Operating Procedure (SOP) folder.

### Management, monitoring and improving outcomes for people

The provider monitored outcomes for patients through audit and monthly reporting to the board on their performance against standards. The clinical quality committee (a sub committee of the board which included management and clinical lead input) would review clinical audits, significant event analysis, complaints and service user feedback monthly to monitor quality of service. There was evidence of quality improvement including clinical audit:

- There had been several one cycled clinical audits commenced since registration with the commission, we reviewed a two cycle completed audit where the improvements made were implemented and monitored. For example, antibiotic prescribing had been reviewed to ensure appropriate prescribing in line with the Sheffield formulary. The re-audit completed between October 2016 and June 2017 showed the proportion of consultations needing antibiotics had dropped by more than half (36% to 17%) from the previous year and the use of second line antibiotics had also reduced by half (14.5% to 6.2%).
- Findings were used by the practice to improve services and outcomes for patients. For example, an audit to ensure children who attended the service with a safeguarding alert on their record were managed

effectively had been completed to ensure the consultation had been documented in an appropriate way and concerns communicated by fax to the patient's own GP.

**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, fire safety, health and safety and confidentiality. New staff were supported to work alongside other staff and they were offered support during their induction period with the Hub manager.
- The service could demonstrate how they ensured relevant staff had received role-specific training. For example, for those undertaking cervical smears.
- The learning needs of permanent staff were identified through a system of induction 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, mentoring and clinical supervision. The service manager told us permanent staff would be appraised within 12 months of employment. The healthcare assistants and physiotherapists had been in post for less than six months at the time of the inspection. The Hub manager had carried out appraisal of reception staff within the last 12 months.
- The service manager had a monitoring overview of staff training that included: safeguarding, fire safety awareness, basic life support and information governance. We were told a training needs assessment would be completed at annual appraisal for permanent staff.

**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 service's patient record system.

- This included access to required special notes and summary care record which detailed information provided by the patient's own GP. This helped the staff in understanding the patient's needs and included care and risk assessments, care plans and investigation and test results.

# Are services effective?

(for example, treatment is effective)

- The service shared relevant information with other services in a timely way, for example when referring patients urgently to other services. Information was shared between services when appropriate, with patients' consent, using a shared care record. If patients needed specialist care, the service could refer to specialties within the hospital.
- The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent consultation notes to the registered GP electronically by 8am the next morning. Staff told us systems ensured this was done automatically and any failed transfers of information would be faxed by the manager to ensure GPs received information about their patients.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The service offered cervical screening tests to patients who could not attend their own practice during the day and there were systems to ensure results were received for all samples sent.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Consultation and treatment room doors were closed 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.

All of the 43 patient Care Quality Commission comment cards we received and the three patients we spoke with were positive about the service experienced. Patients said they felt they were offered an excellent 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. Patients were very satisfied with the availability and timeliness of the appointments. Patients consistently described the service received as 'excellent'. Comments received included; 'I was greeted by friendly reception staff and treated in a prompt and efficient manner', 'the doctor was excellent and very reassuring', 'the service is both convenient and efficient' and 'what a brilliant service - I was looked after very well'

The provider had completed regular patient experience surveys across the four Hub sites. The service had received 421 responses between 1 July 2017 and 16 October 2017. Patients were satisfied with the service, for example:

- The majority of people 99.5% (419 out of 421) said they were treated with dignity and respect.
- The majority of people 97% (409 out of 421) said they were likely or extremely likely to recommend the service to their friends and family if they needed similar care or treatment.

All the 55 comments from the survey responses between 1 July 2017 and 16 October 2017 were positive. For example: 'Excellent centre, on time and nice doctor', 'really friendly receptionist and doctor', 'excellent service lovely doctor who had time to explain', 'the nurse was friendly, professional and helpful and offered good advice'.

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

Patient feedback from the CQC comment cards told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, 'all staff were supportive and caring', 'I felt involved in all aspects of my treatment and the doctor was understanding to my needs, and 'this service is brilliant and it is great to access appointments in this way'. The service 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.
- Facilities for people with hearing impairment were available, for example, a hearing aid loop.
- Information leaflets were available in easy read format.
- The e-referral service and paper referrals were used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). The patient's own GP would be informed of any referrals made.

### 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service understood its population profile and had used this understanding to meet the needs of its population. The provider had co-designed the service with patients through the local Citizen Reference Group and through feedback from practices' own patient reference groups. The provider told us the service had a higher than expected ethnic minority usage and patients from lower sociodemographic groups were twice as likely to use the service. The four Hubs had been chosen for their accessibility with regard to transport links and where ground floor consulting rooms could be utilised. The Hubs were located in different localities across the Sheffield area. Provider data showed that the service had provided an additional 33,628 appointments with GPs, practice nurses and physiotherapists across the four Hub sites in the previous 12 months.

- The practice offered urgent GP appointments, routine nurse and healthcare assistant appointments between 6pm and 10pm Monday to Friday and 10am to 6pm at weekends.
- The service offered longer appointment slots with GPs and nurses for all patients.
- The service offered physiotherapy appointments. Patients could book directly into these appointments via their own GP practice. Provider data between July and September 2017 showed that 90% of patients seen with joint pain had only required one appointment for self management advice. The physiotherapist could refer patients directly through the musculoskeletal pathway if appropriate.
- Patients could access the service by telephoning their own GP practice who would book them an appointment directly or by NHS 111 during out of hours periods.
- Information technology systems allowed the clinicians access to patients' medical records and systems were in place to ensure consultations were recorded and available to the patient's own GP by 8am the following working day.
- There were accessible facilities, which included a hearing loop and interpretation services.

- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, consulting rooms were located on the ground floor level to assist access for patients with mobility problems.

### Access to the service

The service operated between 6pm and 10pm Monday to Friday and 10am to 6pm at weekends. The service operated 52 weeks per year including bank holidays. The provider had completed regular patient experience surveys across the four Hub sites. The service had received 421 responses between 1 July 2017 and 16 October 2017. Patients were satisfied with the service, for example:

- The majority of people 97% (409 out of 421) said they were likely or extremely likely to recommend the service to their friends and family if they needed similar care or treatment.
- The majority of people 30% (128 out of 421) said they would wait to see their own GP if this appointment had not been available, 19% of people (177 out of 421) said they would attend the accident and emergency department if this appointment had not been available.

All the 55 comments from the survey responses between 1 July 2017 and 16 October 2017 were positive. For example: 'Excellent service on a Saturday so no time off work', 'GP yesterday, physio next day, brilliant', 'did not have to wait too long for an appointment and close to where I live'. Patients we spoke with and comments on the 43 CQC comment cards received showed patients were very satisfied with the availability and timeliness of the appointments. For example: 'fantastic to be able to be treated on a Saturday', 'got an appointment immediately, place very convenient', 'the option to have an appointment early evening was very convenient', 'prompt service and onward referral'.

### Listening and learning from concerns and complaints

The provider had a system 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 service.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, a complaints leaflet.

We looked at four complaints received across the four Hub sites in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons

were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, ensuring accurate and complete documentation of consultations in notes. However, it was not evident how lessons learned from complaints were disseminated and shared with staff.

# 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 service had a clear vision to deliver high quality care and promote good outcomes for patients. The service had a clear strategy and supporting business plans which reflected the vision and values which were regularly monitored.

### Governance arrangements

The service 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 staff were aware of their own roles and responsibilities.
- Specific policies and standing operating procedures (SOPS) were implemented and were available to all staff. These were updated and reviewed regularly.
- A daily shift report would be completed and forwarded to the provider. This included any incidents, complaints or urgent referrals that had occurred.
- We did not see evidence of a structure that allowed for lessons to be learned and shared following significant events and complaints. We saw evidence of some staff bulletins but most staff we spoke with had not had sight of these.
- The provider had a good understanding of their performance. For example, the service had arranged for an independent evaluation of the extended access programme to be completed to review who was accessing the service.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Data and clinical audit were discussed monthly at senior management and board meetings. Performance was shared with individual Hub managers to share with staff working in the individual Hubs.
- There were appropriate arrangements for monitoring risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the Hub manager was approachable and always took the time to listen to all members of staff. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment people would receive reasonable support, truthful information and a verbal and written apology. There was a clear leadership structure and staff felt supported by management.

- Senior management team meetings were held monthly. The Hub manager would feedback any relevant information to reception staff. The clinical staff did not meet regularly. However, staff would be updated in the standard operating procedures at the individual Hub site when appropriate. For example, recent safety alert bulletins. The reception staff had recently, in the previous two weeks, been allocated a direct email address. They told us they found this helpful when communicating with senior management. For example, receiving acknowledgement of receipt of the daily shift report.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues with the Hub manager or clinical lead and felt confident and supported in doing so.
- Staff we spoke with said they felt respected, valued and supported.

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

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

- patients through the NHS Friends and Family test, complaints and compliments received.

# Are services well-led?

Good 

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

- staff through general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the Hub manager.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service to improve outcomes for patients in the area. For example, the service

was scheduled to commence offering routine health checks for patients aged 40 to 75 years who could not attend their own GP practice during the day. The service was currently developing their staff skill mix to respond to local health needs by offering primary mental health and diabetic review appointments. In addition, the provider was developing their approach to patient engagement with Healthwatch to review how the service model was further developed.