

High Street Surgery

Quality Report

The Surgery

Rotherham

S62 6LW

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Website: www.highstsurgery.co.uk

Date of inspection visit: 5 October 2016

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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?

Requires improvement



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 High Street Surgery on 5 October 2016. Overall the practice is rated as Good.

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

- There was a system in place for reporting and recording significant events and some lessons were shared to make sure action was taken to improve safety in the practice. However, not all incidents were appropriately recorded and there was a lack of clarity and consistency in this area so opportunities for learning and improvement were not maximised.
- Although the majority of risks to patients who used services were assessed patient's health and welfare may be compromised due to limited provision of emergency drugs and shortfalls in checks of emergency equipment.
- The practice had processes in place to keep patients safeguarded from abuse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was easy to understand although information about the complaints process was not available or displayed at the branch site. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy 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 equipped to treat patients and meet their needs. However, access to the practice at the main site may be compromised for some patients due to a heavy front door.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had experienced a number of challenges in recent months but had implemented plans to meet these and improve. Patients told us they felt the practice had improved. When we advised the management team of our findings, where possible, they took immediate action to address these.
- The provider complied with the requirements of the duty of candour although there was a lack of understanding in the management team about the term duty of candour.

The areas where the provider must make improvement are:

- Ensure staff understand how to identify and record incidents appropriately so opportunities for learning and improvement are maximised.
- Evidence the actions taken in response to safety alerts.
- Provide safety notices to identify the storage area for liquid nitrogen.
- Risk assess the provision of emergency drugs at both sites.

- Implement processes to ensure defects and stock issues related to emergency equipment will be identified and managed in a timely manner.
- Ensure all staff complete infection prevention and control training.

The areas where the provider should make improvement are:

- Further develop the recruitment procedure to include checks of training and the identification of gaps in employment history and processes to manage this.
- Review access arrangements to the main site for patients with a disability.
- Review arrangements for cleaning of carpets and ensure carpets are maintained in a clean condition.
- Develop an action plan to address poor patient satisfaction with telephone access to the practice.
- Provide complaints information at the branch site.
- Provide information for staff about duty of candour requirements.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However, not all incidents were appropriately recorded and there was a lack of clarity and consistency in this area so opportunities for learning and improvement were not maximised.
- Although the majority of risks to patients who used services were assessed, patient's health and welfare may be compromised due to limited provision of emergency drugs and shortfalls in checks of emergency equipment. We also found not all staff had received infection prevention and control training and some carpets required cleaning.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The provider complied with the requirements of the duty of candour although there was a lack of understanding in the management team about the term duty of candour.
- The practice had processes in place to keep patients safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was in line with others for care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had developed a detailed two year plan to improve the services for patients in response to CCG data. For example, they had set out how they were going to improve care for patients with long term conditions such as diabetes and heart failure, improve access and reduce out of hours attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was easy to understand although information about the complaints process was not available or displayed at the branch site. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was equipped to treat patients and meet their needs. However, access to the practice at the main site may be compromised for some patients due to a heavy front door.

Good



Are services well-led?

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

- The practice 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. The practice had experienced a number of challenges in recent months but had implemented plans to meet these and improve. Patients told us they felt the practice had improved.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found there were areas for improvement including providing clarity around the management and recording of incidents so opportunities for learning and improvement were maximised, risk assessment and provision of emergency drugs and systems for identifying defects and stock issues relating to emergency equipment. When we advised the management team of our findings, where possible, they took immediate action to address these issues.
- The provider complied with the requirements of the duty of candour although there was a lack of understanding in the management team about the term duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 79%, 4% lower than the CCG average and 10% lower than the national average. However, data showed the practice performance was 100% in other areas and above CCG and national averages;
 - Asthma 100% (3% higher than CCG and national averages).
 - Osteoporosis 100% (26% higher than CCG average and 19% higher than national average).
 - Heart failure 100% (4% higher than CCG average and 2% higher than national average).
 - Rheumatoid arthritis 100% (5% higher than CCG average and 7% higher than national average).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided extended hours and the main site was open for pre-booked appointments between 7.00am and 8.00am Monday, Tuesday and Thursday.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Performance for mental health related indicators was 69%, 22% lower than the CCG average and 24% lower than the national average. Performance for depression was 100% which was 6% higher than CCG average and 8% higher than national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted improving access to psychological therapy (IAPT) service and mental health practitioner and counsellor services.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in most areas. 237 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. They told us staff were kind and considerate and they were treated with respect. They said the care was excellent and they could book appointments as needed.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said the staff listened to them and involved them in their care. The majority said they could get appointments when they needed them and they said they thought the practice had improved in this area in recent months. There were two comments about the difficulty getting through to the branch site by phone.

High Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to High Street Surgery

The provider, High Street Surgery is a partnership and provides services under Primary Medical Services contract (PMS) for 7,872 patients within Rotherham CCG.

The services comprise of the main site at High Street Surgery, The Surgery, Rotherham, S62 6LW and a branch surgery at Thorpe Hesley Clinic, off Slough Hall Avenue, Thorpe Hesley S61, 2QU. The main site is a purpose built surgery in the village of Rawmarsh, which is 2 miles north of Rotherham. The second site is based in a purpose built shared health services building owned by Rotherham CCG in Thorpe Hesley, of which the practice rent 2 rooms. We visited both sites during this inspection.

All premises have access to car parking facilities; although the car parking at the main site is limited there is a free car park next door at the shopping centre.

There is level access available for wheelchairs and disabled toilet facilities.

The patient population is comparable to the national average and the practice is in an area identified as being one of in the fourth most deprived areas nationally.

This is a teaching practice for doctors who wish to train as GPs.

There are two GP partners and three salaried GPs supported by two nurse prescribers, a health care assistant and a phlebotomist. The management team consists of a business manager, assistant practice manager and reception supervisor and there is a team of reception staff and administration staff.

Reception is open 8.30am to 6.30pm Monday to Friday. Appointments are available as follows;

The High Street Surgery - Monday, Tuesday and Thursday 7am to 11am, Wednesday and Friday 8.30am to 11am and Monday to Friday 3.45pm to 6pm. The practice provides extended hours and is open for pre-booked appointments between 7am and 8am Monday, Tuesday and Thursday.

Thorpe Hesley branch surgery – Monday Tuesday, Wednesday and Friday 8.30am to 9.30 am and 3.45pm to 6pm and Thursday 7am to 9.30 am. This surgery operates a doctor triage service in the mornings.

When the practice is closed patients are directed to the NHS 111 service.

The practice carries out some minor surgery activities such as joint injections, cryotherapy and minor excisions. The practice is not registered for the regulated activity minor surgery. Whilst some activities are out of scope for registration, such as joint injections and cryotherapy, the practice was advised to review the CQC requirements in relation to regulated activities and consider whether the other activities they undertake require this registration.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with a range of staff (including two GPs, two nurses, practice manager and assistant practice manager and reception staff) and spoke with patients who used the service.
- Observed the interaction between staff and patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events although there were some shortfalls in this process which indicated a lack of clarity and consistency with the process.

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. Although there was a policy and procedure to support practice staff in managing incidents available on the shared drive accessible to all staff, there was a lack of clarity about what constituted a significant event and incidents were recorded in places other than on the reporting form. For example, we observed there were low numbers of significant events recorded, one in 2014, five in 2015 and two in 2016. During discussions with staff and a review of the records we observed there was an inconsistent approach and different methods of recording incidents. We saw some incidents which could be categorised and logged as a significant event were recorded in a "day book" and there was a lack of evidence of investigation, review or learning related to these recordings. For example;

- There had been an incident where a patient was physically aggressive to staff and the police were called. Although this had been reported to NHS England appropriately and a detailed record made on the NHS England reporting form this had not been recorded as a significant event. We observed the incident was recorded in the day book. Staff said they had been supported through this incident and the practice had taken appropriate action to manage the situation.
- An incident where a young patient attended the practice with an acute condition but was not offered an urgent appointment with a GP was logged in the day book. The advice given and the decision making process had not been recorded in the patient's notes. Records, also in the day book, showed a meeting had been held with the young person's parent to explain the circumstances. As this incident had not been recorded as a significant event a review of the circumstances had not been made and shortfalls in recording had not been identified.
- We were also told about an incident where a patient had collapsed in the waiting room and required

resuscitation. This incident had not been recorded as a significant event nor was it in the day book. Staff told us this incident had been reviewed and discussed and the processes in place had been reviewed to ensure there were no areas for improvement or opportunities for learning.

The practice carried out an analysis of the significant events where these had been recorded and we observed learning from these had been shared in meetings.

The management team told us they were not familiar with the term duty of candour. However, the incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We also saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We saw that safety alerts were received in to the practice and logged and distributed to clinical staff for action by the practice manager. However, the action taken in response to the alerts was not recorded to evidence the action taken and to ensure a complete audit trail.

We discussed these shortfalls with the management team and they told us they would review the systems for management and recording of incidents and significant events and recording of actions taken in respect of safety alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

Are services safe?

received training on safeguarding children and vulnerable adults relevant to their role. Although not available on the day, evidence was provided following the inspection to show GPs were trained to child safeguarding level three.

- 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 reasonable standards of cleanliness and hygiene. We were told the practice was in the process of replacing carpets in consulting rooms and a renewal plan was available. However, we observed some carpets at the main site were stained and there was no cleaning schedule to show when these had been/would be cleaned. We observed the premises to be otherwise clean and tidy. 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 infection control protocol in place and clinical staff had received up to date training. Non clinical staff had access to IPC in the eLearning package but had not completed this. However, staff we spoke with demonstrated a good understanding of IPC issues which may arise as part of their role. Annual infection control audits were 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 practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Both practice nurses had qualified as Independent

Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We observed the recruitment policy and procedure did not include identifying gaps in employment history and processes to manage this. There was no evidence in one file this process had been undertaken. However, we observed this was addressed by the end of the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice employed an external company to assist them with health and safety matters which included an independent health and safety risk assessment and provision of health and safety software to ensure processes were being followed. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We observed the practice stored liquid nitrogen, although not produced on the day, a risk assessment relating to this was provided following the inspection. We observed safety notices were not displayed at the entrance to the storage area for this substance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

Are services safe?

place for all the different staffing groups to ensure enough staff were on duty. The staffing skill mix had been reviewed and the phlebotomist was training to become a health care assistant and a reception supervisor role had been created. The practice were also participating in the apprentice scheme for receptionists.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place 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 there were emergency medicines available. However, we observed the emergency medicines provided were very limited at both sites and may not have been adequate to support patients; for example, a drug to alleviate possible side effects which may occur during minor surgical procedures was not available. A risk assessment had not been completed to support

decision making in relation to emergency drugs stocked. This was discussed with the business manager and a risk assessment was immediately completed for the provision of appropriate medicines and additional stock was ordered.

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed the equipment was checked daily however, we observed the oxygen cylinder at the main site to be only a quarter full and the valve was damaged. The records of checks did not identify any issues with the equipment. We advised the practice manager of our findings and they immediately completed a risk assessment and ordered a new cylinder. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We observed the practice used templates and had developed a number of protocols and popup information windows in electronic patient records to ensure consistency and to promote safe practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available with a below average exception rate of 3%. (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).

QOF data from 2014/15 showed varied results.

For example the practice performed below the CCG and national averages in some areas;

- Performance for diabetes related indicators was 79%, 4% lower than the CCG average and 10% lower than the national average.
- Performance for mental health related indicators was 69%, 22% lower than the CCG average and 24% lower than the national average.

However, data showed the practice performance was 100% in other areas and above CCG and national averages;

- Asthma 100% (3% higher than CCG and national averages).
- Depression 100% (6% and 8% higher than CCG and national averages).
- Osteoporosis 100% (26% higher than CCG and 19% higher than national averages).
- Heart failure 100% (4% higher than CCG and 2% higher than national averages).
- Rheumatoid arthritis 100% (5% higher than CCG and 7% higher than national averages).

We discussed the results with staff and observed there were systems in place to monitor the performance and to ensure patients were called for reviews for their long term conditions. The figures for 2015/16 which were not yet in the public domain, showed some improvement. For example, the figures provided by the practice showed achievement was 100% for all but four areas and performance for mental health had improved to 84%. Performance for diabetes did not show any improvement at 76%. The practice had developed a detailed action log with a two year plan to improve the services for patients in response to CCG data. For example, they had set out how they were going to improve care for patients with long term conditions such as diabetes by increasing screening of at risk groups.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements in gathering information prior to making referrals to secondary care. In three separate audits relating to referrals to different departments the practice identified insufficient information had been gathered prior to making the referrals. Popup reminders were added to the electronic patient record to remind the clinicians of the information required. In each case a second audit showed improvements had been made.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. 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, external events and in-house training. Non clinical staff had access to infection prevention and control (IPC) training in the eLearning package but had not completed this. Those staff we spoke with demonstrated a good understanding of IPC issues which may arise as part of their role.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Protocols to support practice were accessible to all staff.
- 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.
- Written consent was obtained for minor surgical procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- The practice had provided a blood pressure monitoring system for patients in the waiting room.
- The practice hosted improving access to psychological therapy (IAPT) service and mental health practitioner and counsellor services.
- The practice also provided minor surgery, soft tissue and joint injections and cryotherapy.

Are services effective?

(for example, treatment is effective)

- Phlebotomy services were available daily.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, practice childhood immunisation rates for the vaccinations given to under two year olds ranged from 44% to 98% and five year olds from 75% to 100% compared to the CCG rates of 47% to 98% and 71% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, the same as the national average.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 195 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers were offered flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had developed a detailed action log with a two year plan to improve the services for patients in response to CCG data. For example, they had set out how they were going to improve care for patients with long term conditions such as diabetes and heart failure, improve access and reduce out of hours attendances.

- The practice provided extended hours and was open for pre-booked appointments at the main site between 7am and 8am Monday, Tuesday and Thursday.
- There were longer appointments available for patients with a learning disability and 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and interpreter services available. However, we observed there was a heavy door to the main site which may cause access difficulties for some patients and no doorbell to enable them to alert reception staff. The door was out of sight from the reception and patients would have to wait for someone else to be entering the building to gain access if they were unable to manage the door.

Access to the service

The reception was open 8.30am to 6.30pm Monday to Friday. Appointments were available as follows;

The High Street Surgery - Monday, Tuesday and Thursday 7am to 11am, Wednesday and Friday 8.30am to 11am and

Monday to Friday 3.45pm to 6pm. The practice provided extended hours and was open for pre-booked appointments between 7.00am and 8.00am Monday, Tuesday and Thursday.

Thorpe Hesley branch Surgery – Monday Tuesday, Wednesday and Friday 8.30am to 9.30am and 3.45pm to 6pm and Thursday 7am to 9.30am. This surgery operated a doctor triage service in the mornings where the GP would telephone the patient requesting an appointment and book them in where necessary.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice manager told us 90% of the appointments were available as book on the day. We observed same day or next day pre-bookable appointments were available. Patients could also call the practice between 11.30am and midday to speak to a GP.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The majority of patients we spoke with said they could get appointments when they needed them and they said they thought the practice had improved in recent months. There were two comments about the difficulty getting through to the branch site by phone at times.

The practice had a system in place to assess:

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

The request for a home visit was referred to the GPs and they decided on the priority for these. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system a poster was displayed and a summary leaflet was available at the main site but not at the branch site.

We looked at two of the three complaints received in 2016. We found these were satisfactorily handled and dealt with in a timely way with openness and transparency. There was limited learning from these due to the nature of the complaints but in each case the practice had met with the complainant to discuss findings.

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. They were aware of the challenges and had put plans in place to meet these and to improve the service. The practice had developed an action plan, strategy and supporting business plans which reflected the vision and values and were regularly monitored. Some of the actions they had taken to meet challenges and improve the service included:

The practice had been through significant staff changes with the practice manager leaving after a long period of absence and long standing popular GP retiring in the last few months. The practice had employed a business manager to assist the practice in moving forward and the assistant manager was in training with a view to becoming the practice manager in 2017. A new GP had had commenced employment in August 2016. The practice had succession plans in place to ensure a smooth transition on retirement of one of the long standing practice nurses.

The practice had developed a detailed two year plan to improve the services for patients.

To assist the practice to improve further the practice had enrolled onto a scheme “Productive General Practice” funded by NHS England. This was due to commence the week of the inspection. The scheme was designed to help practices to improve their working practices in order to enable them to continue to deliver high quality care whilst meeting increasing levels of demand.

The practice had also recognised the premises limited the services they were able to offer due to the number of rooms available. They were applying for funding to develop the building to enable them to expand the services for patients.

Patients told us they felt the practice had improved over recent months.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found there were areas for improvement including providing clarity around the management and recording of incidents so opportunities for learning and improvement were maximised and risk assessment and provision of emergency drugs and systems for identifying defects and stock issues relating to emergency equipment. When we advised the management team of our findings, where possible, they took immediate action to address these.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

Although there was a lack of knowledge of the term there were systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- 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 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had commented negatively on the colour of a carpet and the practice changed it.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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,

The practice had identified patients were receiving repeat prescriptions where these were not required due to ordering systems from the pharmacy. This had resulted in some patients having large amounts of stock in their homes. The practice had worked closely with the CCG pharmacist to improve systems to reduce waste and this process was to be shared with other practices in the area.

The practice had developed a number of protocols and popup information and reminder windows on the electronic patient record system to promote safe practice and consistency.

To assist the practice to improve further the practice had enrolled onto a scheme "Productive General Practice" funded by NHS England.

Over the past two years the practice had become a teaching practice for doctors wishing to train as GPs.

They had developed and implemented a detailed two year action plan which set how they were going to improve the services for patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was because:</p> <ul style="list-style-type: none">• Incidents had not been recorded, investigated and reviewed appropriately to ensure opportunities for learning were maximised.• Actions taken in response to safety alerts had not been evidenced.• Safety notices to identify the storage area for liquid nitrogen were not provided.• A risk assessment for the provision of emergency drugs at both sites had not been completed.• Defects and stock issues related to emergency equipment had not been identified and managed in a timely manner• Not all staff had completed infection prevention and control training. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>