

Dr Naranammalpuram Srinivasan

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall. (Previous inspection June 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people living with dementia) – Requires improvement

We carried out an announced comprehensive inspection at Dr Naranammalpuram Srinivasan on 14 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, some of the systems required improvement, for example, fire safety as staff training had not been provided and fire safety equipment had not been regularly checked. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines although some of the practice clinical guidelines required updating.
- All required pre-employment checks had not always been completed and staff training and appraisal had not been maintained.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

Summary of findings

The areas where the provider must make improvements are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively.
- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvements are:

- The infection prevention and control policy and procedure should be further developed to include areas such as management of sharps and waste.

- An infection prevention and control action plan should be developed and implemented to address shortfalls identified in the audit.
- The fire risk assessment should be reviewed and updated as necessary.
- The emergency protocol should be reviewed and updated as necessary.
- The risk assessment associated with blind cords should include an assessment of blinds in consulting rooms.
- Records of meetings should record in more detail incidents discussed, learning shared and actions agreed.
- Review systems for identifying carers.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Dr Naranammalpuram Srinivasan

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to Dr Naranammalpuram Srinivasan

Dr Naranammalpuram Srinivasan operates from The York Road Surgery in the inner city area of Rotherham. The practice has a Personal Medical Services (PMS) contract and serves a population of approximately 4,643 patients.

The practice operates from a two-storey, purpose built property, with all patient services provided on the ground floor.

At the time of our inspection the service was provided by one GP partner (male), four sessional GPs (two female and two male), a practice nurse and a health care assistant. The clinical team are supported by a practice manager, a medical secretary and team of receptionists.

The York Road Surgery opens from 8am to 6.30pm Monday to Friday with extended hours being provided Tuesday 7am to 8am and Wednesday 7.30am to 8am with a combination of face to face or telephone consultations. Early morning phlebotomy sessions are provided with the practice nurse on Tuesday and Wednesdays 7.30am to 8am. The practice offers a range of book on the day and pre-bookable appointments during these hours.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Systems for management of health and safety, infection prevention and control, recruitment and medicines required improvement.

Safety systems and processes

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies, some of these required review and updating. Staff received safety information for the practice as part of their induction training but there was a lack of evidence of refresher training in some areas such as fire safety. Policies were accessible to all staff, including locums. They outlined who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients although some clinical staff we spoke to were not aware of all the alert systems for vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Although staff had access to eLearning programmes and told us they attended external training events there was a lack of evidence such to show staff had received up-to-date safeguarding and safety training appropriate to their role as the practice manager collect copies of certificates. Staff knew how to identify and report concerns and safeguarding referral pathways and contact details were displayed in the practice. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out some staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and

Barring Service (DBS) checks were undertaken where required. However, we found one member of clinical staff had not had their DBS completed prior to employment although this was in place at the time of inspection. (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). Health assessments were not completed and evidence of immunisation status had not been obtained. Evidence of legal entitlement to work in the UK for one person had not been followed up when this had ceased to be valid. The recruitment policy and procedure did not support good recruitment practice as it did not include all the requirements in regard to pre-employment checks.

- There was a system to manage infection prevention and control (IPC). A written policy and procedure was in place but this did not include all areas such as management of sharps and waste. A detailed annual audit had been completed but action plans had not been developed and implemented to address shortfalls such as lack of hand washing training and provision of foot operated bins in non-clinical areas. Staff had access to an eLearning package including IPC training. However, there was a lack of evidence to show all staff had received up-to-date IPC training appropriate to their role. We were told staff were encouraged to be immunised although there was no evidence in staff records to support this.
- The practice had not ensured all equipment was safe and maintained according to manufacturers' instructions. The fire alarm and emergency lighting systems had been serviced annually but regular checks in between servicing had not been completed to ensure these systems remained in working condition. We requested the fire alarm was tested on the day of the inspection and this worked satisfactorily. The fire risk assessment in use on the day of the inspection was very basic. We observed detailed fire risk assessments had previously been in place but had not been reviewed since our previous inspection in 2015. The practice manager told us they had identified this shortfall and had developed a new risk assessment but this had not yet been implemented. Following the inspection the

Are services safe?

practice manager told us all staff had completed fire safety training and a drill was scheduled for April 2018. They also told us a member of staff and a deputy had been appointed to check the fire alarm weekly.

- Regular water temperature checks, as part of legionella management, were undertaken and records showed temperatures were at least 50 degrees centigrade. The health and safety executive advises that water hotter than 44 degrees centigrade should not be discharged from outlets that may be accessible to vulnerable people. The practice manager told us they would review this.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although there were some shortfalls identified with regard to health and safety risk assessments as identified above.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures. However, the emergency protocol was dated 2013 and there was no evidence this had been reviewed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and information relating to sepsis was available to all staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines medical gases, and emergency medicines and equipment did not minimise all risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. However, we found systems to ensure that vaccines were stored safely were not adequately managed. Records showed temperatures in both fridges used to store vaccines had been outside of the recommended ranges on several occasions. There were no recorded reasons for this and no records of the actions taken to minimise risk. Following the inspection the practice manager provided us with an investigation report and confirmation they had reported this to NHS England screening and immunisation team. The report stated they had reviewed and improved their policy and procedure to support practice and improve records. The report also indicated staff responsible for monitoring the temperatures had received training in the new procedures and the practice manager was monitoring compliance with the procedures.
- The practice kept prescription stationery securely and monitored its use.
- Staff had not always prescribed and administered medicines to patients in line with legal requirements and current national guidance. For example, we found staff were not aware patient specific directions (PSD) must be in place for health care assistants to administer flu and shingles vaccines and vitamin B12 injections to patients. (A PSD is a written instruction, signed by a

Are services safe?

doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. A PSD can also be an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have knowledge of the patient's health, and be satisfied that the medicine to be administered serves the individual needs of each patient on that list).

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record but processes to assess and monitor risk in the practice was not always effective.

- There were risk assessments in relation to safety issues but some required improvement. For example, the fire risk assessment was very basic and did not adequately cover all areas.
- The practice monitored and reviewed activity in most areas although this process was not always effective to ensure there was a comprehensive understanding and management of risk which led to safety improvements.

Lessons learned and improvements made

The practice may not always have the opportunity to learn and make improvements when things go wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, one member of clinical staff described an incident where a patient had fainted following treatment but had not realised this should be reported.
- There were adequate systems for reviewing and investigating when things went wrong. For example, following a data protection issue the practice had investigated the incident, discussed this with staff and reviewed the data protection policy and procedure. We found that records of meetings lacked detail of the incidents and learning which had been shared and actions which had been agreed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We found the practice had acted on an alert relating to the risks associated with blind cords and a risk assessment of public areas had been undertaken and actions implemented. However, this had not included an assessment of blind cords in consulting rooms and the practice manager told us they would complete this.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice was rated as requires improvement for providing effective services because:

- Practice clinical guidelines were out of date and some contained incorrect clinical advice.
- Staff had not received refresher training and appraisal.

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with evidence-based practice although not all guidelines being used were up to date.

- We saw that clinicians assessed needs and delivered care and treatment supported by clinical pathways and protocols. The practice had access to a database of up to date care plans and guidelines provided by Rotherham CCG. The practice also had their own guidelines which were focused on how things worked in the practice. We found all but one of the practice clinical guidelines were out of date and the one in date for diabetes had incorrect clinical advice on HBA1C indices and administration of aspirin. Records we reviewed showed adequate evidence based care of chronic disease.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff did not use a formal tool to assess the level of pain in patients but were aware of these and used a simple scale method to record levels of pain.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had a call and recall programme for review of care plans for those with a long term condition and over 75 years assessments.
- The practice told us that as of 1 March 2018 the practice had a total of 323 patients over the age of 75. Of these, 59 patients had an active care plan in place as they were part of the CCG Long Term Conditions Case Management (LTC CM) service. These patients had a review of their care plan at intervals of between four to 12 months. From April 2017 to February 2018 the practice had undertaken 120 assessments of patients aged over 75 who were not part of the LTC CM service.
- Monthly multi-disciplinary meetings were held with a GP, practice manager, community matron, district nurse, social worker and voluntary sector worker to discuss and manage patients on LTC CM following their reviews or over 75 assessments.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice participated in the CCG Long Term Conditions Case Management local enhanced service. The practice told us that at the end of February 2018 they had a total of 126 active care plans in place, of these 67 patients were aged between 18 and 75 years old.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Are services effective?

(for example, treatment is effective)

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Data showed that the practice was below average for management of diabetes, hypertension, asthma and chronic pulmonary disease (COPD). We discussed these results and the practice showed us their most current data. We identified that while there were some areas which still required improvement the practice had concentrated their efforts on the most important clinical areas to ensure patients received safe care and treatment.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%. In the four indicator areas results were between 67% and 89.7%
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice hosted a weekly ante-natal clinic held by the midwife; a GP was present in practice for advice if needed during the clinic session.
- A weekly baby clinic was held in the practice with the practice nurse for immunisations and the GP for advice and baby medicals.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for bowel cancer screening was below the national average. For example, persons, 60-69, screened for bowel cancer in last 30 months (2.5

year coverage) practice 44%, CCG average 56%, and national average 55%. The practice had undertaken an audit of this area and was promoting screening in the practice.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time. The provider told us eight patients who were students had received this treatment in the last 12 months.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The practice told us that as at February 2018 the practice had completed cardiovascular disease risk assessment/NHS Health Checks for 35% of the eligible population within the last 5 years. They also told us 137 patients have had an NHS Health Check since January 2017.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice told us they are the main provider of health care for two care homes for patients with learning disabilities. The GPs and practice nurses had regular reviews with these patients and the manager of the care homes. We spoke with the manager of one of the care homes. They told us the practice provided an excellent service and were flexible in their approach to meet patients' specific needs and enable the patients to receive the care they required.
- The practice had a learning disability register, verified by the Learning Disability Team and these patients were offered an annual review.

People experiencing poor mental health (including people with dementia):

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.

Are services effective?

(for example, treatment is effective)

- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice participated in the Rotherham CCG Dementia local enhanced service to diagnose dementia in primary care or refer patients identified with dementia, following further investigations, to memory services.
- The practice could refer or promote self-referral to an improving access to psychological therapies (IAPT) service provided by Rotherham, Doncaster and South Humberside (RDASH). Patients presenting with depression and/or anxiety or identified with mental health issues during consultations were assessed and if appropriate referred to this service. If not appropriate for this service patients were referred to secondary care services.

Monitoring care and treatment

The practice had undertaken some quality improvement activity and had reviewed the effectiveness and appropriateness of some the care provided although they did not have a formal plan to undertake this activity on a regular basis. We looked at two audits completed by the practice. One showed the practice had achieved 100% compliance with care and treatment standards for patients with atrial fibrillation. Where appropriate, clinicians took part in local and national improvement initiatives and most audits undertaken by the practice were CCG led.

The most recent published QOF results were 80% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 8% compared with a national average of 10%. (Exception

reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data showed that the practice was below average for management of diabetes, hypertension, asthma and chronic pulmonary disease (COPD). Quality Outcome framework (QOF) indicators (QOF is the annual reward and incentive programme detailing GP practice achievement results) showed:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 48% compared to CCG and national average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 36% compared to the CCG average of 84% and national average of 90%.

We discussed these results with the practice who told us a practice nurse who had been the diabetic lead and long term condition management had retired and the practice had been unable to recruit to the post. This nurse had recently returned to the practice to assist on an ad hoc basis. The practice showed us their current data and we identified that while there were some areas which still required improvement the practice had concentrated their efforts on the most important clinical areas to ensure patients received safe care and treatment. The practice data showed considerable improvements in both the areas above although the 2017/18 data has still to be verified before publication.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice provided protected time and training for staff including an eLearning package for mandatory training. However, the practice had a limited understanding of the learning needs of staff due to a lack of management monitoring and oversight of

Are services effective?

(for example, treatment is effective)

training undertaken by staff. Records lacked evidence of skills, qualifications and training. For example, there was a lack of evidence all staff had completed training in health and safety including fire safety, safeguarding adults and children, mental capacity act and infection prevention and control. Following the inspection the practice manager told us all staff had received fire training and a fire drill had been scheduled.

- The practice provided staff with some on-going support. This included an induction process and support for revalidation. However, appraisals had not been undertaken since 2016. Staff told us nurse appraisals were undertaken by the practice manager but with no clinical input in this process. There was no evidence the practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Following the inspection the practice manager told us appraisals had been scheduled for April 2018.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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 22 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 341 surveys were sent out and 116 were returned. This represented about 2% of the practice population. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG 96%; national average 96%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 87%; national average 86%.
- 90% of patients who responded said the nurse was good at listening to them; CCG 91%; national average 91%.

- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 90%; national average 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The practice told us they had a number of patients where English was not their first language registered at the practice. Staff were aware of the language barriers which could affect access and understanding of health care for these patients. They said they tried to encourage patients to attend with an interpreter where possible. Clinicians had access to translation services such as Google translate and Big Word. Some leaflets were provided in different languages. Patients were also told about multi-lingual staff who might be able to support them
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (0.8% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

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. Some results were slightly below local and national averages:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

Are services caring?

- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 83%; national average 82%.
- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 89%; national average 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 87%; national average 86%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. We spoke to a manager of a care home which supported patients with autism, they told us the practice was flexible in its approach to ensure the patients received the care they required. For example, where a wait in the practice would distress a patient the practice would contact the home if they were running late so they could delay their arrival and they booked patients at the end of a session where required to reduce stress for these patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning GP surgeries were provided with a combination of face to face or telephone consultations and early morning phlebotomy sessions were provided with the practice nurse.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- They provided flexible support to patients with a learning disability including home visits and arranging appointments at times which best supported the patients such as at quieter times of the day.

People experiencing poor mental health (including people with dementia):

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly below or comparable to local and national averages.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 72% of patients who responded said they could get through easily to the practice by phone; CCG 72%; national average 71%.
- 65% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 75%; national average 76%.

- 69% of patients who responded described their experience of making an appointment as good; CCG 71%; national average 73%.

This was not supported by observations on the day of inspection and completed comment cards. Patients told us they could always get an appointment when they needed one and waiting times to see a GP were minimal. We observed on the day appointments and telephone consultation appointments and pre-bookable appointments within a week with the principle GP were available. The practice had listened to patients and changed the extended hours opening times from evening to early morning.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year. We reviewed this complaint and found that it was satisfactorily handled in a timely way and a detailed response had been provided.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, to improve confidentiality at the reception desk they had moved the reception window from the seating area to a more private area.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well led services because:

- Governance procedures for the management of health and safety, staff training, recruitment and medicines management had not always been kept up to date or implemented effectively.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver good quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing staff with the development they needed. However, there was a lack of evidence training in health and safety matters and safeguarding was provided and staff had not received annual appraisals in the last year. Nurses' appraisals did not include any clinical input from the provider. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development.
- Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. However, governance procedures for the management of health and safety, staff training, recruitment and medicines management had not always been kept up to date or implemented effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood but had not always been maintained. For example, some systems related to management of health and safety had not been maintained. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Requires improvement 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, there was no evidence staff had received up to date training in these areas.
- Practice leaders had established policies, procedures and activities to ensure safety but had not always implemented and monitored these to assure themselves that they were operating as intended. For example, the recruitment policy and procedure did not include all the requirements in regard to pre-employment checks.

Managing risks, issues and performance

There were processes for managing risks, issues and performance although some of these required improvement.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety but some of these had not been fully implemented or were sufficiently detailed to support good practice. For example, fire safety checks and training had not been undertaken and the policy and procedure in use was very basic and there were shortfalls with regard to safe management of medicines.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing or referral decisions.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints
- The practice had plans in place and had trained staff for major incidents with the exception of fire safety.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support good quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a small patient participation group (PPG) made up of one couple. Practice meetings were not held with the PPG but the members attended the Rotherham PPG meetings and fed back to the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning and improvement.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements although records of meetings did not include detail of the incidents discussed, learning shared and actions agreed.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The fire alarm and emergency lighting systems had not been regularly checked in between servicing to ensure these systems remained in working condition.• Regular water temperature check records, showed temperatures exceeded 44 degrees centigrade from outlets that may be accessible to vulnerable people.• All but one of the practice clinical guidelines were out of date and the one in date for diabetes had incorrect clinical advice on HBA1C indices and administration of aspirin. <p>Some aspects of medicines management were not safe. In particular:</p> <ul style="list-style-type: none">• Temperatures in both fridges used to store vaccines had been outside of the recommended ranges on occasion. There were no recorded reasons for this and no records of any actions taken to minimise risk.• Staff had not always prescribed and administered medicines to patients in line with legal requirements and current national guidance. Staff were not aware patient specific directions (PSD) must be in place for health care assistants to administer flu and shingles vaccines and vitamin B12 injections to patients. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The practice had a limited understanding of the learning needs of staff due to a lack of management monitoring and oversight of training undertaken by staff.
- There was a lack of evidence all staff had completed training including fire safety, safeguarding adults and children, mental capacity act and infection prevention and control.
- Staff appraisals had not been undertaken since 2016.
- There was no clinical input in nurse appraisals and there was no evidence the practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular:

- There was no evidence physical and mental health of staff and immunisation status had been considered.

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

This section is primarily information for the provider

Requirement notices

- A member of clinical staff had not had their DBS completed prior to employment.
- Evidence of legal entitlement to work in the UK for one person had not been followed up when this had ceased to be valid.
- The recruitment policy and procedure did not include all the requirements in regard to pre-employment checks.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014