

Broomhill Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broomhill Surgery and the branch site at Lodge Moor Surgery on 13 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day through the GP telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.
- Ensure there is a system in place to check the fire alarm system and complete fire drills on a regular basis at the branch site.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

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.
- Patients said they were able to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day through the GP telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- 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 supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk with the exception of maintaining a complete record of the immunity status of clinical staff and ensuring fire safety systems were checked on a regular basis at the branch site.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- 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.

Good



- 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.
- The practice provided medical care and weekly routine GP visits to patients who resided in two local care homes.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 76%, higher than the national average of 73%.

People with long term conditions

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

Good



- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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. For example, the specialist community diabetic nurse held regular clinics at the practice.
- Data showed the practice had a low number of emergency admissions for patients with long term conditions at 13% compared to the national average of 20%.
- The practice had identified patients with a respiratory condition, for example, asthma, who had been hospitalised or who were poorly controlled to offer support as part of a local quality improvement scheme objective.

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 relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age appropriate way and were recognised as individuals.
- Data showed 87% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- 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 offered appointments one evening a week and on Saturday mornings at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 those with a learning disability. The practice had coded alerts on the records of patients who may be vulnerable to alert staff that they may require extra support when booking an appointment.
- 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 patients who may be vulnerable, for example, the community nursing team.

Good



Summary of findings

- The practice informed patients whose circumstances may make them vulnerable about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Of those patients diagnosed with dementia, 95% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 84% had had a comprehensive care plan reviewed in the last 12 months, which is slightly lower than the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. There were 238 survey forms distributed and 130 forms returned. This represented 1.4% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 CQC comment cards. There were three comments made about difficulty accessing an appointment but all the cards were positive about the standard of care received.

We spoke with 10 patients during the inspection and one member of the patient participation group (PPG). All said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Six patients we spoke with told us they experienced difficulty getting through on the telephone at peak times but could get an appointment once they got through and they told us they were very happy with the care and treatment they received.

Broomhill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector, second CQC Inspector and included a GP specialist adviser.

Background to Broomhill Surgery

Broomhill Surgery is located in a converted residential property in Broomhill and has a branch site called Lodge Moor Surgery which is located within five miles of the main site. The practice accepts patients from Broomhill, Lodge Moor, Crosspool, Fulwood and Crookes in Sheffield.

Public Health England data shows the practice population has a higher than average number of patients aged 40 to 85+ years compared to the England average. The majority of the patients registered with the practice are white British and the practice catchment area has been identified as one of the 10th least deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 9395 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Broomhill Surgery has four GP partners (one female, three male), three female salaried GPs, three practice nurses, one healthcare assistant, practice manager and an experienced team of reception and administration staff. The practice is a teaching practice for medical students.

Broomhill Surgery is open 8.30am to 12.30pm and 1pm to 6pm Monday to Friday with the exception of Thursdays when the practice is closed from 12 noon. Appointments are available 8.30am to 11am and 3pm to 6pm daily, with the exception of Thursdays afternoons.

The branch site at Lodge Moor Surgery is open 8.30am to 12.30pm on a Monday, 8.30am to 6pm Tuesday, Wednesday and open 8.30am to 3pm Thursday and Friday. Appointments are available 8.30am to 11am daily and 3pm to 6pm Monday to Wednesday and 12.30pm to 2.30pm Thursday and Friday.

Extended hours are offered on a Tuesday evening 6.30pm to 8.30pm at the Broomhill Surgery and 8am to 12 on a Saturday morning at the branch site.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover on a Thursday afternoon and when the practice is closed between 8am and 6.30pm. For example, at lunchtime when the telephones are transferred to them between 12 noon and 3pm. Patients are informed of this when they telephone the practice number.

The practice is registered to provide the following regulated activities; treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is

Detailed findings

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 13 July 2016. During our visit we:

- Spoke with a range of staff (three GPs, practice nurse, healthcare assistant, four administration staff and the practice manager) and spoke with 11 patients who used the service, including one member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice used a traffic light system to rate the risk level of the incident. 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Significant events were a standard item on the agenda of the full team meeting. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident with the medical fridges, the practice had taken action to replace the fridges and review processes for checking of the fridge temperatures using data loggers and had updated the cold chain policy which had been shared with staff.

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 GP for safeguarding adults and for safeguarding children. The GPs attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three and the practice nurses were trained to level two.

- A notice in the waiting room and in treatment rooms advised patients that chaperones were available if required. The practice had a chaperone policy. The practice manager confirmed there were three members of the administration team who would assist as chaperones if required and all had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. All staff had received an IPC information booklet as part of their ongoing training. Annual IPC 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 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 a system to monitor their use had recently been implemented a few days prior to the inspection. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) with the exception of one healthcare assistant who had been in post for over 24 years. The practice manager provided evidence following the inspection that the practice had applied for a DBS check for this staff member.

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. There was a health and safety policy available with a poster in the staff kitchen area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular checks of the fire alarm system and fire drills every six months at the main site. Fire drills had been carried out at the branch site on an ad hoc basis. The practice manager told us this would be reviewed and the same system implemented at the branch as the main site. 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, health and safety of the premises and infection control. The practice had undertaken a legionella risk assessment on 27 June 2016 and was awaiting the action plan from the company. As a precautionary measure the practice were

flushing all taps throughout the practice and at the branch weekly (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 in the treatment room at the main site and at the branch site.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks available at both sites. A first aid kit and accident book were available at both sites.

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 utility providers and staff. A copy of the plan was available on the intranet system and a hard copy was in the policy folder. However, not all staff we spoke to were aware of how to access it. The practice manager confirmed staff would be reminded of this at the next staff meeting.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. These were discussed at the partners meeting which was not attended by the salaried GPs who had recently joined the practice. The GP partner told us the practice had recognised this and were looking at the way the clinical meetings were structured to address this.
- 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 showed the practice had achieved 94.8% of the total number of points available, with 6% exception reporting which is 3% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 8% below the CCG and 6.8% below the national averages. However, exception reporting was noted to be mostly lower than CCG and national averages across the indicators.

- Performance for mental health related indicators was 3.5% below the CCG and 2% below the national averages. However, exception reporting was noted to be mostly lower than CCG and national averages across the indicators.
- Performance for asthma related indicators was 1.5% above the CCG average and 2.6% above the national averages with exception reporting 1% below the CCG average and similar to national averages.

The practice had been identified as having a low prevalence of patients diagnosed with chronic obstructive pulmonary disease (a respiratory condition). The practice was aware of this and the GP told us this was due to the practice having a low number of smokers on their register and a low number of patients who had worked in industries which are attributable factors of the condition.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients on oral anticoagulation (blood thinning) medication had been carried out to review medication doses and monitoring of patients was appropriate.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Information about patients' outcomes was used to make improvements such as: The practice had audited the cervical cytology failsafe system in place to ensure practice procedures were adequate and working. The first cycle of the audit identified 13 patients who had not been entered into the system for their results to be monitored as received. The practice implemented an action plan and the second cycle audit identified 100% of patients who had a smear had been through the system.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, IPC, 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. The practice nurse and practice manager told us updated cervical cytology training was being arranged for October 2016. 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.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses. All staff had received an appraisal within the last 12 to 18 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, in-house training and the practice also held regular structured clinical educational events at the practice for staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the 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. The practice sent referral letters and also utilised the e-referral system when referring patients to secondary care and had access to an online portal system which included guidelines on local referral pathways and referral forms. 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and documented the outcomes.
- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on alcohol cessation. Patients were signposted to the relevant service. Patients could obtain smoking cessation and weight management advice at the practice.

The practice's uptake for the cervical screening programme was 87%, which was higher than 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 by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and data showed a high uptake of

Are services effective?

(for example, treatment is effective)

these. There were failsafe 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, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 94% and five year olds from 88% to 98%.

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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 44 patient CQC comment cards we received were very positive about the service experienced with the exception of three comments made about difficulty accessing an appointment. However, all of the comment cards were positive about the standard of care and treatment received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG) and 10 patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Six patients commented they sometimes found it difficult to access the practice by telephone early morning but all said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG and national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 92% 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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 83% and national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 86% and 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (0.22% of the practice list). The practice had the Sheffield Carer's Newsletter available in the waiting rooms and had a dedicated notice board for carer's which

included information on how to register as a carer with the practice and information regarding local social activities and contact telephone numbers for carer's who required advice or emotional support.

Staff told us that if families had experienced bereavement, their usual GP would contact them directly to offer either a consultation or 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. For example, the practice had identified and contacted patients with respiratory conditions who had been hospitalised or who were poorly controlled to offer support as part of a local quality improvement scheme objective.

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evening and Saturday morning. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice displayed posters in the patient toilets on sensitive issues. For example, how to access support for domestic violence.
- The practice had a low number of emergency admissions for patients with long term conditions at 13% compared to the national average of 20% despite the practice's close proximity to the local hospitals.
- There were disabled facilities and interpreter services available.

- The practice did not have a lift but staff told us that patients were given the option to be seen in a room on the ground floor should they not be able to access the stairs and we saw notices in the waiting room to confirm this.

Access to the service

Broomhill surgery was open 8.30am to 12.30pm and 1pm to 6pm Monday to Friday with the exception of Thursdays when the practice was closed from 12 noon. Appointments were available 8.30am to 11am and 3pm to 6pm daily, with the exception of Thursdays when the practice was closed in the afternoon.

The branch site at Lodge Moor Surgery was open 8.30am to 12.30pm on a Monday, 8.30am to 6pm Tuesday, Wednesday and open 8.30am to 3pm Thursday and Friday. Appointments were available 8.30am to 11am daily and 3pm to 6pm Monday to Wednesday and 12.30pm to 2.30pm Thursday and Friday.

Extended hours were offered on a Tuesday evening 6.30pm to 8.30pm at the Broomhill Surgery and 8am to 12 noon on a Saturday morning at the branch site

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice reserved urgent 'book on the day' slots and the practice was piloting a GP telephone triage system during times of peak demand. We observed the next routine GP appointment to be in one week's time.

When the practice was closed between 6.30pm and 8am patients were directed to contact the NHS 111 service. The Sheffield GP Collaborative provided cover on a Thursday afternoon and when the practice was closed between 8am and 6.30pm. For example, the telephones were transferred at lunchtime between 12 noon and 3pm. Patients were informed of this when they telephoned the practice number.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

Patients told us on the day of the inspection that they found it difficult at times to get through to the practice by telephone but were able to get an appointment once they got through. The GP told us the practice list size had been gradually increasing and the practice had recruited extra salaried GPs, increased nurse time and were currently piloting the GP telephone triage appointment system to review ways to improve access.

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 receptionist would put the request on the duty doctor's appointment list for the GP to review. 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

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 leaflets were available in reception areas to help patients understand the complaints system.

We looked at two of the complaints received in the last 12 months and found they had been dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had updated its travel vaccination policy to ensure all staff were aware of the correct procedure and time frame for booking appointments

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 and had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored. The practice had a good understanding of its patient demographics and had recently recruited salaried GPs and increased nurse hours to improve access for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of maintaining a complete record of the immunity status of clinical staff and ensuring fire safety systems were checked on a regular basis at the branch site.

Leadership and culture

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

The provider was aware of and had 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 an 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 monthly team meetings and we saw minutes to confirm this.
- 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, by the partners and the practice manager 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 annual patient surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the need for more seating in the waiting room and discussion around the GP telephone triage system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was a focus on continuous learning and improvement at all levels within the practice. For example, one of the GPs is commencing a training course to enable the practice to become a post graduate training practice to encourage and support new doctors.