

# Handsworth Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Handsworth Medical Practice and the branch site at Fitzalan Road on 3 March 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 with the exception of the temperature recording of the medical fridges.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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. However, patients told us they found it difficult to make an appointment with a GP.

- Information about services and how to complain was available and easy to understand.
- 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 registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had linked with local schools and a local organisation for young carers to actively encourage young carers to come forward and register this on their medical record. This would alert practice staff to try to be flexible when booking appointments and signposting to appropriate support services could be offered as well as an invitation to an annual health check at the practice.

The areas where the provider should make improvements are:

# Summary of findings

- The practice should follow its own policy and recommended Public Health England guidelines regarding monitoring and recording of medical fridge temperatures.
- The practice should make secure the clinical waste storage containers at the branch site.
- The practice should review its appointment system to ensure patients can make an appointment with a GP in a timely manner.

**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 there were unintended or unexpected safety incidents, 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 with the exception of the temperature recording of the medical fridges and the storage of the clinical waste collection bins at the branch site.

### 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 slightly lower than average for the locality and compared to the national averages. The GP told us this had been reviewed and the practice had put a system in place to monitor this.
- 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 multidisciplinary teams 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 similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- The practice had a register of patients who were carers and also a register of young carers. The reception staff would telephone all patients on the register to invite them in for an annual health check.
- 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 reported considerable difficulty in accessing the practice by telephone and accessing a GP appointment. The practice manager told us the practice had reviewed the appointment system on several occasions and had reviewed systems to try to improve it. For example, a text messaging service to enable patients to cancel their appointment had been set up.
- 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 this.
- 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.

Good



# Summary of findings

- The 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits for those who would benefit from them.
- The practice provided medical care and weekly routine GP visits to patients who resided in a local care home.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 75%, comparable to the national average of 73%.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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. Childhood immunisation rates were higher than national averages.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed 84% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.

Good



# Summary of findings

- All children under the age of two were offered a same day appointment.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had linked with local schools and a local organisation for young carer's and had developed a register of young carer's. This would alert practice staff in their medical record that they were a young carer when booking an appointment and enable signposting to appropriate services for support.

## 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. The practice offered evening and early morning appointments at the practice and weekend and evening appointments through the Sheffield satellite clinical scheme.
- The practice offered online services to book appointments and order prescriptions 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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice telephoned patients annually who have been identified as a carer to invite them in for a health review.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. 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.

Good





# Summary of findings

- 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 living with dementia).

- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including the community support worker.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Some reception staff had also received dementia awareness training.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) 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 in line with local and national averages. There were 247 survey forms distributed and 108 forms were returned. This represented 1.1% of the practice's patient list.

- 54% found it easy to get through to this surgery by phone (national average 73%).
- 67% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 76% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. However, there were several comments made regarding difficulty accessing appointments.

We spoke with 11 patients during the inspection. All said they were happy with the care they received, however, nine patients told us they found it difficult to access the practice by telephone and difficult to make an appointment with a GP.

# Handsworth Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Handsworth Medical Practice

Handsworth Medical Practice is located in a converted house and has a branch site named Fitzalan. The practice accepts patients from Handsworth, Woodhouse, Richmond, Stradbroke and Darnall. The practice catchment area has been identified as one of the fifth most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 9686 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, anticoagulation monitoring and childhood vaccination and immunisations.

Handsworth Medical Practice has three GP partners (one female, two male), two female salaried GPs, two female practice nurses, three female healthcare assistants, practice manager and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students and GP registrars.

Both the practice and the branch site are open 8am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. The GP Collaborative provides cover when the practice is closed on a Thursday

afternoon. Extended hours are offered Tuesday evenings 6.30pm to 8.30pm with a GP and Saturday mornings 9am to 12 noon with a nurse. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments. The telephone calls are transferred to the GP Collaborative at lunchtime (between 12 noon and 1.30pm). Patients are informed of this when they telephone the practice number.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

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.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the practice did not have a registered manager. The practice manager told us that an application had been completed and this would be reviewed immediately.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March 2016. During our visit we:

- Spoke with a range of staff and spoke with 11 patients who used the service including two members of the patient 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 carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the practice had completed an audit of patients on calcium supplements to ensure the treatment was appropriate based on their medical history.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 clinician for safeguarding children and adults. 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 relevant to their role. GPs were trained to safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained 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 team to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We did observe the clinical waste storage bins at the branch site to be accessible to the public. The practice manager told us the bins would be made secure immediately.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling and security kept patients safe. However, the practice had not followed its own policy or Public Health England recommended guidelines regarding storage of medications with regards to monitoring of medical fridge temperatures. The maximum temperature had exceeded guideline recommendations on several occasions with no reasons recorded on the log sheet. Following the inspection the practice manager provided evidence from NHS England that this had been investigated and was a recording issue rather than a breach of cold chain.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four recruitment files and found appropriate checks for staff employed since the practice registered with the CQC had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

## Are services safe?

- 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.

### 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (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.

### 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 and oxygen with adult and children's masks at the main site and at the branch site. A first aid kit and accident book were available at the main site. The branch site did not have a first aid kit but staff told us a new one had been ordered and consumables were available in the treatment room if required in the interim. There was an accident book at the branch site.
- Emergency medicines were easily accessible to staff in a secure area of the practice and the branch site and all staff knew of their locations. All the emergency medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 86.6% of the total number of points available, with 8.2% exception reporting. (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). The practice had scored lower than the national average in some areas of QOF. The practice had identified reasons for this and had a plan to monitor it. Data from 2014/15 showed:

- Performance for diabetes related indicators was 19.5% below the CCG and 18.3% below the national averages.
- Performance for asthma related indicators was 1.5% above the CCG and 2.6% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 14.4% below the CCG and 13.2% below the national averages.
- Performance for mental health related indicators was 9.7% below the CCG and 8.2% below national averages.

Clinical audits demonstrated quality improvement.

- There had been several two cycled clinical audits completed in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services and patient care. For example, an audit of patients with rheumatoid arthritis was completed to identify risk of heart disease using a risk calculating tool.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, Public Health England immunisation updates and discussion at practice meetings and the practice nurse confirmed staff were booked on an updated training course for administering vaccinations.
- 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 during sessions, appraisals and mentoring, clinical discussion at the regular in-house 'journal club' meeting, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

(for example, treatment is effective)

## 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. Information such as NHS patient information leaflets were also available.
- 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 services 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 utilised the e-referral system when referring patients to secondary care and had access to the Press Portal, an online system which included guidelines on local referral pathways and referral forms. We saw evidence that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits.

## Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carer's and those at risk of developing a long term condition and those requiring advice on their diet and alcohol cessation who would be signposted to the relevant support service. Patients wishing to stop smoking were offered one to one appointments at the practice.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how it encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and it ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 96% to 100%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 54%. These were also above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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

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 41 patient Care Quality Commission comment cards we received were positive about the care received by the practice. However, there were 13 comments made with regards to difficulty accessing an appointment. Patients told us on the comment cards that they felt the practice staff were polite, caring and courteous and treated them with dignity and respect.

We spoke with 11 patients including two members of the patient participation group who told us they experienced difficulties making appointments but were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% said the GP was good at listening to them (CCG average of 90%, national average of 89%).
- 84% said the GP gave them enough time (CCG and national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 most patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the CQC comment cards we received was positive about the care received and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments (CCG average of 87%, national average of 86%).
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Notices in the patient waiting room 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 117 patients as carers. The administration team would ring patients identified as a carer to invite them in for an annual health review. Written information was available to direct carers to the various avenues of support available to them. The practice also held a register of young carers. The practice

## Are services caring?

had linked with the local schools and a local organisation for young carer's to encourage them to come forward and consent to be registered with the practice as a young carer. The practice had identified 23 patients as young carers and the computer system alerted staff of this when they made contact with the practice so the practice could try to facilitate their needs. The practice had a dedicated notice board for carers with information on support services available.

Staff told us that if families had experienced bereavement a condolence letter was sent to the family and their usual GP may contact them to give them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evening with a GP and Saturday morning with a nurse. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for those patients who would benefit from these. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- Same day appointments were available for children under two years of age.
- The practice provided medical care and weekly routine visits to patients in a local care home.
- The practice displayed posters in the patient toilets on sensitive issues. For example, availability of contraception.
- 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 community support worker gave us examples of how patients had been helped to complete disability forms and access support groups to aid social isolation.
- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if the vaccine was required.
- There were disabled facilities, a hearing loop and interpreter services available.
- There was a ramp to enable access to treatment rooms on the lower ground level.

### Access to the service

The practice was open with consultations available between 8am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm.

The GP collaborative provided cover when the practice was closed on Thursday afternoons. Extended hours were offered 6.30pm to 8pm with a GP Tuesday evenings and 9am to 12 noon with a nurse on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six months in advance the practice operated a ring on the morning system. When the appointments were full the patient would be advised to ring back in the afternoon. If a patient's problem was urgent and there were no appointments available, the GP would triage the appointment request and make a decision if the patient needed to be seen that day, if they could attend one of the satellite clinic appointments or if the problem was deemed not to be urgent would be informed by the receptionist to ring back the next day. We observed the next routine appointment with a GP was in five weeks.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 54% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 67% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 76%.

People told us on the day of the inspection that they experienced difficulty getting through to the practice by telephone and had difficulties making convenient appointments. All said they were happy with the care they received once they could access an appointment. The practice manager told us the practice had reviewed the appointment system on several occasions and had reviewed systems to try to improve it. For example, a text messaging service to enable patients to cancel their appointment had been set up. The practice manager told us how this had halved the number of failed appointments enabling the appointments to be offered to someone else and also reduce the number of calls coming through the telephone system. A triage system had also been introduced to ensure patients who required an urgent appointment would be seen.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy was 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 information available in the practice leaflet in reception to help patients understand the complaints system.

We looked at 11 complaints received in the last 12 months and found they had been dealt with appropriately, identifying actions, the outcomes and any learning.

# Are services well-led?

Good 

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

## Our findings

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

### 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.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and an apology.
- They kept written records of interactions and correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and who submitted proposals for improvements to the practice management team. For example, they had suggested a text service where patients could text in and cancel their appointment if it was no longer needed. The practice manager told us this had reduced the number of failed appointments by half.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

## Are services well-led?

Good 

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

one of the GPs encouraged training and learning and was the VTS programme director for the university medical student teaching programme and an approved mentor for medical students at the practice.