

# St Ann's Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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 St Anne's Medical Centre on 15 and 16 October 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Most information about safety matters was recorded, monitored, reviewed and addressed. However, there was a lack of clarity about the management of medical alerts.
- Risks to patients were not always assessed and well managed and we found shortfalls relating to recruitment checks, infection control and oxygen storage.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned. However training records did not identify all the training staff had completed.
- 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.
- Patients said they found it difficult to make a routine appointment and said that there was a lack of continuity of care. Urgent appointments were available the same day.
- 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 acted on feedback from staff and patients. However there was a lack of monitoring in non-clinical areas to ensure all policies and procedures were being implemented and appropriate records maintained.

We saw one area of outstanding practice:

# Summary of findings

- The practice, through the partners work with the Clinical Commissioning Group (CCG), was active in the development of integrated care across the area. The practice had been involved in new methods of working to help improve outcomes for patients such as long term condition management; admission avoidance, new models of care home cover and the development of an emergency centre for Rotherham. One of the partners had encouraged more patient involvement with the CCG board, and had introduced a quarterly 'patient voice' section, where patients were invited to present their stories to the CCG board.

However there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Implement systems to ensure risks relating to infection prevention and control are identified and standards are monitored and maintained across all three sites. Maintain systems to minimise the risk of cross contamination in relation to hand washing at Kimberworth branch surgery.
- Ensure recruitment arrangements include all necessary employment checks for all staff to establish, whether or not, staff are of good character.

In addition the provider should:

- Implement systems for formal analysis of significant events to enable the practice to identify patterns and trends over time.
- Clarify who is responsible for managing medical alerts and implement systems to ensure these have been actioned.
- Improve arrangements for storage of oxygen at Kimberworth surgery and ensure appropriate and consistent signage is implemented for all oxygen storage areas across the three sites.
- Ensure staff are aware of the fire evacuation procedures at Kimberworth surgery.
- Maintain records of all staff training.
- Improve the availability of non-urgent appointments.
- Maintain records of complaints investigations.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice carried out investigations when things went wrong and lessons learned were communicated to staff. However, systems were not in place to formally analyse significant events and enable the practice to identify patterns and trends over time.

Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. All necessary employment checks to ensure staff were of good character had not been obtained in all cases. Systems to risk assess and monitor infection prevention and control standards across all three sites were not in place. There was a lack of clarity about who was responsible for managing medical alerts and systems were not in place to monitor these had been actioned. Arrangements for safe storage of oxygen at Kimberworth Surgery required review and appropriate and consistent signage was not in place for all oxygen storage areas across the three sites. Fire evacuation procedures at Kimberworth Surgery had not been practised to ensure staff understood the procedures at this surgery.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of completed clinical audit cycles and evidence these were driving improvement in performance to improve patient outcomes. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. However, a record of all training completed was not maintained. There was evidence of appraisals and personal development plans for some staff. Staff worked well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others in the local area for some aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in

Good



# Summary of findings

decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had reviewed the needs of its local population and it had worked closely with the local Clinical Commissioning Group (CCG) to secure improvements for the areas identified. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly and there was a wait of up to three weeks for a routine appointment with any GP. Urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff although records of investigations were not held.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had faced a number of challenges in relation to the management team and GP retention and recruitment over the last 12 months. However, good standards of clinical care and treatment had been maintained and patients were satisfied with the care they received.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there were some areas that required improvement in relation to management monitoring. For example, monitoring systems were not in place to ensure that policies and procedures for recruitment, health and safety and infection control were implemented and standards maintained.

The practice acted on feedback from staff and patients. The patient participation group (PPG) was active and told us the practice listened to them and made improvements. However, the practice had not conducted patient surveys since 2013 to monitor the quality of the service provided.

The practice, through the partners' work with the CCG, was active in the development of integrated care across the area. The practice had been involved in new methods of working to help improve outcomes for patients such as long term condition management; admission avoidance, new models of care home cover and the

**Requires improvement**



## Summary of findings

development of an emergency centre for Rotherham. One of the partners had encouraged more patient involvement with the CCG board, and had introduced a quarterly 'patient voice' section, where patients were invited to present their stories to the CCG board.

# 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 provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It offered home visits where these were required and was part of a local care home pilot scheme.

Requires improvement



### People with long term conditions

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 in line with local and national averages for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



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

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice; including this population group. The needs of the working age

Requires improvement



# Summary of findings

population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. 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.

## **People whose circumstances may make them vulnerable**

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable 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.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published 2 July 2015 showed the practice was performing in line with local and national averages in most areas. However, responses were below average in relation to the appointment system. There were 336 survey forms distributed for St Ann's Medical Centre and 113 forms were returned. This is a response rate of 33.6% and 0.61% of the patient population. Examples of responses included:

- 65.6% find it easy to get through to this surgery by phone compared with a CCG average of 73.2% and a national average of 73.3%.
- 84.7% find the receptionists at this surgery helpful compared with a CCG average of 86.6% and a national average of 86.8%.
- 59.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58.6% and a national average of 60%.
- 71.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.1% and a national average of 85.2%.
- 83.2% say the last appointment they got was convenient compared with a CCG average of 93.3% and a national average of 91.8%.
- 60.6% describe their experience of making an appointment as good compared with a CCG average of 73.1% and a national average of 73.3%.
- 72.7% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.4% and a national average of 64.8%.

- 60.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 62.5% and a national average of 57.7%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards in total. All described the standard of care and treatment received from clinicians and non-clinical staff as good or excellent. They said the doctors listened to them and they said they felt involved in their care and treatment. They told us the reception staff were helpful and friendly. They told us they were treated with respect and said their privacy and dignity was protected. They also said the practice was always clean and tidy. However, 15 of these comment cards also included negative comments about access to appointments. Patients told us they had to wait up to three weeks for a routine appointment, some commented on the lack of consistency in seeing the same doctor and one commented on the inflexibility of the triage system.

We spoke to nine patients during the inspection. Patients spoke highly of the clinical care and treatment they received and about the service provided by non-clinical staff. However, all but one patient commented negatively about the wait for appointments and lack of continuity of care. They told us they could usually get a same day appointment if it was urgent but sometimes this was also a struggle.

# St Ann's Medical Centre

## 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 second CQC inspector, GP specialist advisor, a practice manager specialist advisor, nurse specialist advisor and an expert by experience.

## Background to St Ann's Medical Centre

St Anne's Medical Centre is situated within a purpose built surgery in Rotherham Health Village. There are branch surgeries at 240 Kimberworth Park Rd, Kimberworth, Rotherham, S61 3JN and Ridgeway Medical Centre, 14 Ridgeway, Rotherham, S65 3PG. We visited both branch surgeries as part of this inspection.

The practice provides Personal Medical Services (PMS) for 18,451 patients across the three sites in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are seven GP partners, four salaried GPs and two GP Registrars, six of who are male and seven female. There is one nurse practitioner, five practice nurses and four health care assistants who all work across the three sites. There is a large administration team who also work across each site led by a practice manager. The practice manager is responsible for all three sites.

The practice is open at the following times across the three sites:

- St Anne's Medical Centre - Reception and surgery opening times are 7am to 6pm Monday to Friday.

- Kimberworth – Reception and surgeries are open on Mondays between 8am and 10.30am and 3pm to 8pm. Tuesday to Friday the reception and surgeries are open from 8am to 10.30 and 1pm to 3pm.
- Ridgeway Medical Centre – Reception opening times are 8am to 10.30am and 3pm to 6pm Monday to Friday. Surgery opening times are from 8.10am to 10.30am and 3pm to 5.30pm Monday to Friday.

Out of hours services are provided by Care UK, (the company providing out-of-hours care for NHS Rotherham's patients). Calls are diverted to this service when the practice is closed. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

This practice has been accredited as a GP training practice and has two qualified Doctors training to specialise in General Practice.

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

The registration of the practice is not up to date in relation to the changes in the partnership. CQC had been informed of the change in June 2015, but at the time of the inspection, applications to add/remove partners had not been received.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 which is part of our regulatory functions. This inspection was planned to check

# Detailed findings

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.

Please note 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 the time.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the NHS Rotherham Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 15 and 16 October 2015. During our visit we spoke with a range of staff including two GPs, advanced nurse practitioner, practice nurse, deputy practice manager, administration manager and eight administration staff. We also spoke with nine patients including two members of the PPG.

We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed 43 CQC patient comment cards where patients had shared their views and experiences of the practice. We also reviewed records relating to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. Details of incidents and responses to patients were recorded on patient records. Records of meetings where significant events were discussed, any action taken and outcomes were held electronically. The practice carried out informal analysis of the significant events during meetings but there was no documented analysis to enable the practice to identify patterns and trends over time. The lead GP told us they would implement this.

We reviewed safety records, incident reports 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, an urgent referral was not received by the hospital. A new process was implemented which included contacting the hospital following an urgent referral to ensure this had been received. Administration staff were aware of this change although this step had not been added to the protocol. The administration manager updated this protocol on the day of the inspection.

Records of meetings where significant events were discussed showed these meetings were usually held monthly. The records showed the last meeting had been held in July 2015. The deputy manager said this was due to staff shortages. We reviewed the incidents reported to the manager which had not yet been discussed at the meetings. The deputy manager was able to discuss the incidents in detail and clearly describe and evidence action taken in response to these incidents.

The lead GP was able to describe the process for disseminating alerts and was able to evidence a how a recent NICE alert had been shared through the practice electronic system. However, discussions with members of staff from the nursing team and the management team showed there was some confusion about who received and was dealing with safety alerts coming into the practice. We were told alerts would normally be sent to staff by the practice manager or the deputy if action was required but

there had been a change in practice and alerts should now be going directly to the lead nurse to be actioned where necessary. However, we were told alerts had not been received for some time by either the nursing team or management team and each thought the other received these alerts directly and had actioned them. The deputy manager told us they would investigate this situation to ensure all alerts had been dealt with. They said they had previously kept an electronic log of safety alerts and action taken but this could not be found on the day of the inspection.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe although there were shortfalls in some areas.

- Arrangements were in place to safeguard adults and children 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training relevant to their role. Alerts were used on patient records to identify vulnerable or at risk patients and children subject to child protection plans.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. Nurses and health care assistants had received formal training for the role. We were told reception staff had completed chaperone training although records of this were not available. Staff we spoke with understood their role as a chaperone. Disclosure and barring checks (DBS) had not been completed for staff undertaking this role. Risk assessments to assist in identifying which staff required DBS checks had not been completed. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety and a site manager was responsible for health and safety matters at the main site and Kimberworth branch surgery. The

# Are services safe?

practice had up to date fire risk assessments and staff told us regular fire drills were carried out at the main site and Ridgeway surgery. However, staff said fire drills had not been completed at the Kimberworth branch surgery. Health and safety signage relating to storage of oxygen was inconsistent and not all oxygen storage areas were identified by signs in both the main site and the branches. Oxygen at the Kimberworth branch surgery was stored in a cupboard containing gas pipes and adjacent to the cupboard containing the gas boiler. This was identified to the staff on duty. The deputy manager and the lead GP were asked to review this as a suitable storage area for oxygen as a matter of urgency.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked regularly to ensure it was working properly.

## Cleanliness and infection control

- We observed all three premises to be clean and tidy. There was an infection prevention and control (IPC) protocol in place and IPC training was provided. IPC risk assessments had not been completed and IPC audits, to check that standards were being maintained, were not undertaken. We saw that sharps bins were not always dated to ensure that staff would be aware of when these were due to be changed. The soap dispensers at Kimberworth were empty and individual bottles of liquid soap had been provided in the majority of clinical rooms. However, we observed a bar of soap was in place in one GPs room which may create a risk of cross contamination. One of the hand gel dispensers in the corridor near the consulting rooms at Kimberworth was also empty. We were told by staff that there was no one person responsible for checking these areas and all staff were responsible to ensure compliance. Disposable privacy curtains were provided at the main site but fabric curtains were in place at the branch sites. There was no schedule of cleaning for the curtains and no log of when these were last changed or cleaned. The deputy manager established during the inspection that disposable curtains had been purchased and received but not distributed. The practice did not have an infection prevention and control (IPC) clinical lead at the time of the inspection due to changes in the staff team. However the lead nurse said she would be undertaking this role in future.

## Medicines management

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular stock checks of medicines were undertaken by the nurses but we found one medicine out of date in the vaccine fridge at Kimberworth. This was removed immediately. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We observed alerts were used on patient notes to identify when medicine reviews were due.

## Staffing and recruitment

- Although there was a recruitment policy and procedure and recruitment check lists were in place the policy and procedure had not been followed and there were some shortfalls in the recruitment process. For example, of eight staff recruited since registration With CQC in 2013 only one had a written reference on file. The deputy manager told us that the reason references had not been taken up was because all the staff were known personally by other staff or GP partners. We saw DBS checks had been obtained for a nurse from their previous employer and for a locum GP. However the deputy manager told us DBS checks had not been obtained for long serving staff such as health care assistants or administration staff who carried out chaperone duties. Risk assessments to establish when staff required DBS checks had not been completed. The deputy manager told us DBS checks were obtained for all new staff. They said they would review long standing staff files and obtain the appropriate checks where needed. We saw checks of qualifications and registration with professional bodies had been completed for clinical staff. Where a locum had been employed a copy of their current indemnity insurance had not been obtained although the deputy manager stated they had seen this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had experienced a number of challenges in relation to recruitment and retention of clinical staff and availability of key members of the management team over the past 12 months. Patients reported that access to appointments and consistency of seeing the see GP was a concern and we

## Are services safe?

observed that the wait for a routine appointment was up to three weeks. The practice had been actively looking to recruit more GPs but had received little response although a new salaried GP had been recruited and was due to start with the practice in January 2016. The impact on access to appointments for patients was recognised by the practice and they had been actively reviewing the way they provided services for patients. They had made changes to the appointment system to try to improve access for patients and they were due to commence a new minor illnesses service on 19 October 2015. This was to be delivered by the advanced nurse practitioner and nurse prescriber to support the GPs and release some GP appointments. The practice was in the process of recruiting a Practice Pharmacist and part of their role would be to undertake medication reviews to release more GP time. There had also been a shortage of staff in the reception team due to staff vacancies and sickness. Staff said there was insufficient staff to answer the four incoming phone lines and complete all the other reception tasks. Staff told us there was sufficient staff in the administration team to complete administration tasks, such as scanning and referrals, in a timely manner and to provide cover for sickness and holidays. The

practice had an informal agreement with the neighbouring practice for their administration staff to work at St Anne's as required. However, the practice had not ensured recruitment checks had been completed and did not have an agreement in place regarding confidentiality and information governance. Temporary management support had been provided in the practice manager's absence.

### **Arrangements to deal with emergencies and major incidents**

Staff told us they had received annual basic life support training. The practice had a defibrillator available on the premises and oxygen at each site. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. All the emergency medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The lead GP held a copy of the plan at home. There were back up systems for clinical and document systems.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and the local Clinical Commissioning Group (CCG) and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results showed the practice had achieved 93.4% of the total number of points available, with 3.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average at 87.1%. This was 0.6 percentage points below the CCG average and three percentage points below the England average.
- The percentage of patients with hypertension having regular blood pressure tests was better, at 84.21%, than the national average of 83.11%.
- Performance for mental health related indicators was better at 92.8%. This was 1.1 percentage points above the CCG average and 2.4 percentage points above the England average

The practice maintained registers of patients with long term conditions and used alerts on the records to assist in identifying patients care needs and supported the process for calling patients for health checks. Care plan records showed good use of the electronic templates and demonstrated good practice. The care plans had been updated as needs changed. The practice reviewed accident

and emergency department attendance and patients were reviewed by the long term condition nurses on discharge. They had undertaken an audit of patients attending the accident and emergency department as part of the Rotherham Social Prescribing Pilot. Through this audit they had identified a number of social triggers and implemented social prescribing via referrals to community services such as Voluntary Action Rotherham. An independent study had shown excellent outcomes for patients in Rotherham in the first year of this pilot. For example: 20% reduction in Accident and Emergency attendances, 21% reduction in in-patient stays and 21% reduction in outpatient appointments.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. The practice had looked at care and treatment for patients with atrial fibrillation and the use of warfarin to reduce the risk of stroke. They had looked at European Society of Cardiology and Rotherham local guidelines and audited the care provided at the practice against the recommendations in these guidelines. An initial audit in 2012 showed the practice prescribing of warfarin for those patients with atrial fibrillation was under the local area average at 47% compared with 54%. Patient records were reviewed and improved to ensure patients in this category could be easily identified. Patients were also called for a review of their treatment where required. Regular re-audits were completed between 2013 and 2015 and showed improvements with prescribing rates for anticoagulants for this group of patients. In March 2015 the audit found the practice prescribing rates to be above local and national averages at 59.9%. The audit stated that prescribing news published in February 2015 by Rotherham CCG put the England average at 53.6% and Rotherham at 57.5%.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff told us they had had an appraisal within the last 12 months although records for these were not available in all cases and the deputy manager told us that some staff had not had an appraisal in the last year due to the manager's absence.
- Staff told us they had received training that included: safeguarding, fire procedures and basic life support. They said they had access to and made use of e-learning training modules and in-house training. However, records of training were not always evident, for example, we were told the reception staff had completed chaperone training but there were no records to evidence this. A training log was provided to us which showed the professional qualifications and role specific training staff had completed. However, there was no clear log for other training such as fire, safeguarding and basic life support to enable the management team to identify and monitor who had completed training and when.
- A schedule of meetings were held which included daily informal clinical meetings for case review and support, weekly formal clinical/business meetings, monthly practice meetings and reception team and nurse team meetings.
- Staff told us they felt well supported and involved in the development of the practice.

### 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 test results. Information, such as NHS patient information leaflets, were also available. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We reviewed evidence that showed multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Following a significant event involving a locum GP relating to consent, additional training had been provided for all staff. The practice had worked with the safeguarding team and they had written to the GP involved outlining the concerns and recommendations regarding training needs.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with a learning disability. Patients were then signposted or referred to the relevant service. Alerts were used on the patient's records to identify those patients who required additional support.

The practice had a comprehensive screening programme. There was a policy to recall patient's for their cervical screening test and write to those who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.5% to 100% and five year olds from 86.3% to 95.3%. CCG



# Are services effective?

(for example, treatment is effective)

results were 0.0% to 100% and 91.7 to 96.6%. Flu vaccination rates for the over 65s were 71.71%, and at risk groups 54.65%. These were also comparable to national averages of 73.24 % and 52.29%. Where children did not attend for their immunisations the practice wrote to the parents or guardians and after three non-attendances they were then referred to the health visitor.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

One GP held specific clinics for those with a learning disability to complete annual health checks and health action plans.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. Confidentiality training had been provided.

All of the 43 patient CQC comment cards we received were positive about the care and treatment they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local CCG and national results for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.9% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 92.2% said the GP gave them enough time compared to the CCG average of 88.2% and national average of 86.6%.
- 95.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%.
- 86.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 85.1%.

- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.7% and national average of 90.4%.
- 84.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.8%.

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

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 88.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86.0%.
- 80.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82.6% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. An alert was used on patient records to indicate when this service was required so this could be booked when arranging an appointment. We saw notices in the reception areas informing patients this service was available.

### 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. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them. Carers were signposted to other agencies and groups who offered support such as the Alzheimer's Society.

## Are services caring?

Patients requiring palliative care were supported through multidisciplinary team arrangements to optimise the care provided.

Staff told us that if families had suffered bereavement they supported them by giving them advice on how to find a support service or referring them to local outreach services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. One partner was the chair of local CCG another was the chair of the members committee. The practice had been involved in new methods of working to help improve outcomes for patients such as long term condition management; admission avoidance, new models of care home cover and the development of an emergency centre for Rotherham. One of the partners had encouraged more patient involvement with the CCG board, and had introduced a quarterly 'patient voice' section, where patients were invited to present their stories to the CCG board.

Services were planned and delivered to take into account of the needs of different patient groups and to help provide flexibility. For example;

- The practice offered early morning appointments from 7am Monday to Friday and late evening appointments on a Monday until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and those who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice had three sites which were open each day Monday to Friday. The practice was open at the following times across the three sites:

- St Anne's Medical Centre - Reception and surgery opening times were 7am to 6pm Monday to Friday.
- Kimberworth - Reception and surgeries were open on Mondays between 8am and 10.30am and 3pm to 8pm. Tuesday to Friday the reception and surgeries were open from 8am to 10.30 and 1pm to 3pm.

- Ridgeway Medical Centre – Reception opening times were 8am to 10.30am and 3pm to 6pm Monday to Friday. Surgery opening times were from 8.10am to 10.30am and 3pm to 5.30pm Monday to Friday.

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 via the nurse triage system.

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

- 71.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 65.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 73.2% and national average of 73.3%.
- 60.6% patients described their experience of making an appointment as good compared to the CCG average of 73.1% and national average of 73.3%.
- 72.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.4% and national average of 64.8%.

Patients told us they were satisfied with the care and treatment they received but many told us they had to wait up to three weeks for an appointment. We observed the first available routine appointment with any GP was three weeks in advance.

Patients said they could usually get an appointment on the same day if this was required but they said they were required to speak to the triage nurses first so that their problems could be discussed and a decision made about the most appropriate course of action. We saw that patients requesting an urgent appointment or advice were put onto a list for the triage nurse to call them back. Patients were highlighted where reception staff thought patients' needs were more urgent and the nurses prioritised these calls. We saw that some elements of this process may not be operating as efficiently as it might have been. For example, the triage lists operated over three sessions during the day and if a patient had missed one session when they called they were required to call back at the start of the next session to be put on the list rather than being put on to the next list the first time they called. No

# Are services responsive to people's needs?

(for example, to feedback?)

consistent reason could be given for this process. A number of appointments were kept free for the nurses to book on the day for patients in need of urgent care. We saw a number of these had not been utilised by the time the practice closed on the day of the first day of the inspection.

The staff and PPG members told us the practice had tried to solve the access issues caused by shortage of doctors and had implemented a number of changes to the appointment system. The practice was in the process of implementing nurse led minor illnesses clinics to support the GPs and release GP appointments and they were in the process of recruitment for an additional nurse. They had also recruited a salaried GP who was to commence in January 2016 and they were in the process of recruiting a practice pharmacist who would undertake medicines reviews for GPs as part of their role.

Additional phone lines had been provided to improve access to the practice and the practice now had four incoming lines. Staff told us three staff were usually provided to answer the phones.

## **Listening and learning from concerns and complaints**

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

We saw that information was available to help patients understand the complaints system and posters were displayed and a summary leaflet was available. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records of complaints showed patients received a response to concerns raised. The deputy manager told us they had recognised that responses had not always been made in a timely manner and they had reviewed their policy and procedure in respect of this. We found records of the complaints and responses to patients were held but records of investigations of the complaints were not held. The deputy manager could inform us in detail about the investigations that had taken place and of the outcomes.

We looked at complaints received in the last 12 months and found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, systems had been improved in relation to ensuring urgent referrals to secondary care had been received, the prescribing systems had been improved and electronic prescribing had been implemented and changes had been made to the telephone systems to improve access.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They told us their aims were to help a deprived area and empower patients. We saw that the partners work in the practice and with the local CCG supported these aims. The practice recognised that due to staff shortages, challenges in recruitment and changes in the management team they had not been as proactive as they would like. They said that as the staffing situation settled they would review their plans to take the practice forward.

### 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 staff were aware of their own roles and responsibilities. However, there were some areas where tasks had not been done as staff thought others were undertaking these, such as managing medical alerts. There was also a lack of overall monitoring to ensure that everyone was undertaking their roles and responsibilities. For example, we were told infection prevention and control (IPC) was everyone's responsibility however we found shortfalls in this areas.
- Practice specific policies were implemented and were available to all staff although these were not always implemented. For example, the recruitment policy and procedure had not been followed and there were shortfalls in this process.
- There was understanding of the performance of the practice
- A programme of continuous clinical audit which was used to monitor quality of the care and treatment and to make improvements. However, there was a lack of monitoring in areas such as recruitment and infection prevention and control.
- There were arrangements for identifying, recording and managing most risks and implementing mitigating actions. However, risks had not always been assessed and identified in areas such as recruitment, IPC and storage of oxygen.

### Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure high quality care but staff shortages had impacted on their time. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. We observed the management and staff to be friendly and compassionate.

Staff told us that regular team meetings were held. Staff told us that 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 acted on feedback from patients and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), friends and family test and through complaints received. However, the practice had not undertaken any internal surveys since 2013 to enable them measure the quality of the service.

There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. The two PPG members we spoke with said the practice listened to patients concerns and had worked to improve areas where concerns had been raised. For example, they told us the practice had worked to improve access by changing the phone number to a lower cost number, implementing more telephone lines and implementing online appointments.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

# Are services well-led?

Requires improvement 

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

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was innovative in its use of IT systems. They had piloted IT schemes in Rotherham including the choose and book system and electronic GP to GP records.
- The practice, through the partners work with the CCG, was active in the development of integrated care across

the area. The practice had been involved in new methods of working to help improve outcomes for patients such as long term condition management; admission avoidance, new models of care home cover and the development of an emergency centre for Rotherham. One of the partners had encouraged more patient involvement with the CCG board, and had introduced a quarterly 'patient voice' section, where patients were invited to present their stories to the CCG board.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  <b>Systems and processes to assess, monitor and mitigate risks to patients health and safety were not adequate because:</b>  Infection prevention and control (IPC) risk assessments had not been completed.  IPC audits, to check that standards were being maintained, were not undertaken.  Systems to ensure safe handwashing were not maintained at Kimberworth branch surgery.  12(1)(2)(h)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>Checks that staff were of good character where not adequate because:</b>  Disclosure and Barring checks had not been obtained for staff such as health care assistants who worked alone with patients or administration staff who carried out chaperone duties.  References had not been obtained to provide evidence of good character and conduct in previous employment.  19(1)(a)