Page Hall Medical Centre

Quality Report

101 Owler Lane
Sheffield
S4 8GB
Tel: 0114 2617245
Website: www.pagehallmedicalcentre.co.uk

Date of inspection visit: 26 July 2016
Date of publication: 11/10/2016

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Page Hall Medical Centre on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult at times to make a routine appointment although urgent appointments were available the sameday through the nurse telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had set up a working group with the local schools to look at attendance issues contributed to by minor illnesses. The practice had arranged to have self help leaflets translated into Slovak to assist patients. The practice had worked with school nursing teams to support pupils where there were specific concerns.
- The GPs told us they had agreed to complete death certificates during out of hours periods to facilitate and support patients whose religion required the burial to take place as soon as possible after death.

Summary of findings

- The practice had developed a new patient registration appointment system with interpreters on site which offered an enhanced level of screening and opportunistic vaccination as well as orientation to the NHS for new migrants. The GP told us this had uncovered an exceptionally high prevalence of hepatitis B in some communities and the practice had implemented a contact tracing and hepatitis B vaccination programme for their own patients. The GP told us this had been recognised by Public Health England and had triggered a national enhanced service to offer patients who may be vulnerable the Hepatitis B vaccination.

The area where the provider should make improvement is:

- Maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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 and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had developed a new patient registration appointment system with interpreters on site which offered an enhanced level of screening and opportunistic vaccination as well as orientation to the NHS for new migrants. The GP told us this had uncovered an exceptionally high prevalence of hepatitis B in some communities and the practice had implemented a contact tracing and hepatitis B vaccination programme for their own patients. The GP told us this had been recognised by Public Health England and had triggered a national enhanced service to offer patients who may be vulnerable the Hepatitis B vaccination.
- The practice had set up a working group with the local schools to look at attendance issues contributed to by minor illnesses. The practice had arranged to have self help leaflets translated into Slovak to assist patients. The practice had worked with school nursing teams to support pupils where there were specific concerns.
- Reasonable adjustments had been made and action taken to remove barriers for people who may find it hard to use or access services. For example, volunteers from the Roma community and a local wellbeing centre attended the practice regularly to support patients whose first language was not English with access to the practice and other relevant services. There were interpreter services available. Some reception staff were bilingual which assisted patients when booking appointments or navigating through the health system.
- The GP told us the practice would record in patients' records if they had literacy difficulties and staff told us they would interpret NHS letters for patients who were unable to read or write and we observed the practice nurse assist a patient during our inspection. Practice data showed 25% of the practice list were considered to be in this category.
- Patients said they found it difficult at times to make a routine GP appointment but there were urgent appointments available the same day through the nurse telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk with the exception of monitoring the complete immunity status of clinical 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical care and weekly routine GP visits to patients who resided in a local care home.
- The practice signposted patients to a local community organisation who ran social groups for the elderly in the area.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 75%, higher than the national average of 73%.

People with long term conditions

Good

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patient information was available in pictoral form to assist with consultations for patients who were unable to read or write and we saw an example of the one used for patients who had asthma.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had developed a recall system to fall on the patient's birthday, to include an appointment with the healthcare assistant, practice nurse and GP over the month to review all their medical conditions.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the diabetologist held regular clinical meetings at the practice to discuss patients with complex diabetic needs.

Summary of findings

Families, children and young people

Good

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 96% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had set up a working group with the local schools to look at attendance issues contributed to by minor illnesses. The practice had arranged to have self help leaflets translated into Slovak to assist patients. The practice had worked with school nursing teams to support pupils where there were specific concerns.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice held monthly safeguarding meetings with health visitors and midwives at the practice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments on a Saturday morning 9am to 12 noon at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice looked after the medical care of patients who resided in a local housing complex for people with learning difficulties and had a named GP for these patients.
- Practice data had identified that 83% of the practice population were of ethnic minority background and 32% of clinical consultations required an interpreter. The practice had access to interpreter services, both face to face and on the telephone and also employed their own bilingual receptionists to assist patients at the front desk and when booking appointments.
- The GP told us the practice would record in patients' records if a patient was unable to read or write to alert staff that they may require assistance. Staff told us they would interpret NHS letters for patients who were unable to read or write and we observed the practice nurse assist a patient during our inspection. Practice data showed 25% of the practice list were considered to be in this category.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, a chronic pain support group.
- The practice had developed a new patient registration appointment system with interpreters on site which offered an enhanced level of screening and opportunistic vaccination as well as orientation to the NHS for new migrants. The GP told us this had uncovered an exceptionally high prevalence of hepatitis B in some communities and the practice had implemented a contact tracing and hepatitis B vaccination programme for their own patients. The GP told us this had been recognised by Public Health England and had triggered a national enhanced service to offer patients who may be vulnerable the Hepatitis B vaccination.
- The GPs told us they had agreed to complete death certificates during out of hours periods to facilitate and support patients whose religion required the burial to take place as soon as possible after death.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Of those patients diagnosed with dementia, 95% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 87% had a comprehensive care plan reviewed in the last 12 months, which is comparable to the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

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 mostly in line with local and national averages. There were 408 survey forms distributed in January 2016 and 82 forms returned. This represented 1% of the practice's patient list.

The most recent July 2016 survey data showed an improvement in patient satisfaction scores with regards to consultations with GPs and nurses, although data regarding access showed a slight deterioration. For example:

- January 2016 data showed 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%. However, data in the most recent July 2016 data showed a deterioration of 5%. The practice manager told us this had been reviewed and the telephone system was being updated in august 2016 to improve access, offering more lines and better direction for patients.
- January 2016 data showed 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. July 2016 survey data also showed this was 16% lower than the national average.
- January 2016 data showed 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%. July 2016 data showed this had improved by 12%.
- January and July 2016 data showed 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 CQC comment cards. There were three comments about difficulty accessing a routine appointment but all were positive about the standard of care received.

We spoke with seven patients during the inspection. Patients told us they sometimes had difficulty booking a routine appointment. However, all seven patients said they were very satisfied with the care they received and thought staff were approachable, supportive, committed and caring. The GP told us that the waiting time for a routine appointment had increased over the last 12 months due to the reductions the practice had made to medical staff following the national equitable funding review of primary medical services.

Page Hall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Page Hall Medical Centre

Page Hall Medical Centre is located in a purpose built health centre in inner city Sheffield and accepts patients from within a one mile radius of Page Hall, covering Firvale, Northern General Hospital, Crabtree Estate, Earl Marshall, Wensley Estate and Firth Park (as far as Hucklow Road).

Public Health England data shows the practice population has a higher than average number of patients aged 0 to 45 year olds compared to the England average. Practice data confirmed 83% of the practice population were of ethnic minority and the practice had audited that 32% of all consultations require the use of an interpreter. The practice catchment area has been identified as one of the first most deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 7351 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as childhood vaccination and immunisations.

Page Hall Medical Centre has three GP partners (two female, one male), four salaried GPs (three female, one male), one GP registrar, five practice nurses (three of whom are nurse prescribers), two healthcare assistants, a practice manager and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students.

The practice is open 8.15am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12.30pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered 9am to 12 noon on a Saturday morning. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is 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 26 July 2016. During our visit we:

- Spoke with a range of staff (three GPs, practice nurse, two healthcare assistants, three reception staff and the practice manager) and spoke with patients who used the service including two members of the patient participation group (PPG).
- 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 14 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.

Good

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 which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had recently introduced a new form which enabled trends to be reviewed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a flow chart was implemented to support and guide reception staff when dealing with patients who were challenging at the front desk. Staff had also received conflict resolution training and training to recognise possible underlying medical and social causes for challenging behaviour as a result of the event.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a system to alert staff to vulnerable patients and used a flagging system on the medical records. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs and nurses were trained to child safeguarding level three and other practice staff were trained to level two.
- A notice in the waiting room and in the consulting rooms 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 teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had recently recruited their own Pharmacist to assist with medicines management within the practice. The practice also carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. This did not identify the local health and safety representatives. However, staff we spoke with confirmed the practice manager was the lead for health and safety. The practice manager confirmed they would add the information to the poster immediately for completeness. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94.3% of the total number of points available, with 8.8% clinical exception reporting which is 0.5% lower than the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for mental health related indicators was 2% above the CCG and 3.5% above the national averages.
- Performance for diabetes related indicators was 9.2% below the CCG and 8% below the national averages. The GP told us they had a higher prevelance of patients with diabetes at 1.5% above the CCG average. The diabetologist held regular clinical meetings at the practice to discuss patients with complex diabetic needs.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of pregnant diabetic patients had been carried out to ensure the appropriate monitoring, treatment and checks were completed during pregnancy.
- 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. This covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The GP told us the practice would telephone rather than write to patients with any abnormal test results or if a patient required a repeat test due to the number of patients on the practice list who were not able to read or write or who did not have English as a first language.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the e-referral system as well as paper referral letters when referring patients to secondary care. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered smoking cessation appointments at the practice.

The practice's uptake for the cervical screening programme was 96%, which was above the national average of 82%, with exception reporting of 21% which was above the England average of 6.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice nurse told us smears were carried out opportunistically when patients attended the practice. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% and five year olds from 72% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients which included blood screening, review of health needs and education about health issues for newly arrived migrants. The practice also offered NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous 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 14 patient CQC comment cards we received were positive about the care received with three comments made about difficulty accessing a routine appointment. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC comment cards highlighted that staff were caring and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores in the most recent July 2016 survey on consultations with GPs and nurses. However, we noted this was an overall improvement on the January 2016 figures. For example:

- 95% of patients (a 4% improvement) said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients (a 3% improvement) said the GP gave them enough time compared to the CCG and national average of 87%.
- 94% of patients (no change) said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients (an 8% improvement) said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 90% of patients (a 3% improvement) said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.

Survey data from July 2016 showed 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87% which was 4% lower than the January 2016 data.

Care planning and involvement in decisions about care and treatment

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

The practice was average for its satisfaction scores in the most recent July 2016 national survey results on questions about patient involvement in planning and making decisions about their care and treatment. However, we noted this was an overall improvement on the January 2016 scores. For example:

- 86% of patients (a 2% improvement) said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients (an 8% improvement) said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 87% of patients (no change) said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Good

Are services caring?

The GP told us due to 32% of consultations requiring the use of an interpreter for their consultations, this meant longer appointments were required at times to deal with patient's health concerns particularly when investigations and referrals were required.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language.
- Several members of staff were bilingual and we observed the reception staff speaking to patients in their own language.
- Information leaflets were available in different languages and easy read format. Information on the practice website was available in different languages and we observed posters in the waiting room in different languages. For example, stop smoking information.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 216 patients as carers (3% of the practice list). The practice had a dedicated notice board for carer's in the waiting room which included information on how to register as a carer with the practice and information regarding local social activities and contact telephone numbers for carer's who required advice or emotional support.

Staff told us that if families had experienced bereavement, their usual GP would contact them personally and offer advice on how to find a support service if required.

The GPs told us they had agreed to complete death certificates during out of hours periods to facilitate and support patients whose religion required the burial to take place as soon as possible after death. The GPs had a duty doctor rota system for this.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was one of two Sheffield practices who voluntarily attended and contributed to the city wide New Arrivals Group which helped form the Health Needs Assessment report for migrant patients.

- The practice offered pre-booked GP appointments to patients who could not attend during normal opening hours on a Saturday morning 9 to 12 noon. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability and for some patients who required interpreter services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the nurse telephone triage system.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice displayed posters in the patient toilets on sensitive issues. For example, offering support contact details on domestic abuse.
- The needs of different people were taken into account when planning and delivering services. The practice hosted a health care trainer from a local community organisation to support health promotion and also hosted a community support worker who would advise and signpost patients to support services. For example, information on housing and social care or support to join local social activities.
- Reasonable adjustments had been made and action taken to remove barriers for people who may find it hard to use or access services. For example, volunteers from the Roma community and a local wellbeing centre attended the practice regularly to support patients whose first language was not English with access to the practice and other relevant services. There were interpreter services available. Some reception staff were bilingual which assisted patients when booking appointments or navigating through the health system. The GP told us the practice would record in patients' records if a patient had literacy difficulties and staff told us they would interpret NHS letters for patients who were unable to read or write and we observed the practice nurse assist a patient during our inspection. Practice data showed 25% of the practice list were considered to be in this category.
- Patient information was available in pictoral form to assist with consultations for patients who were unable to read or write and we saw an example of the one used for patients who had asthma.
- The GP told us the practice would offer patients who had communication difficulties, for example, for those who were unable to read and write or those whose first language was not English opportunistic appointments for vaccinations, any relevant clinical conversations and screening tests, for example, cervical smears.
- The practice had set up a working group with the local schools to look at attendance issues contributed to by minor illnesses. The practice had arranged to have self help leaflets translated into Slovak to assist patients. The practice had worked with school nursing teams to support pupils where there were specific concerns.
- The practice had developed a new patient registration appointment system with interpreters on site which offered an enhanced level of screening and opportunistic vaccination as well as orientation to the NHS for new migrants. The GP told us this had uncovered an exceptionally high prevalence of hepatitis B in some communities and the practice had implemented a contact tracing and hepatitis B vaccination programme for their own patients. The GP told us this had been recognised by Public Health England and had triggered a national enhanced service to offer patients who may be vulnerable the Hepatitis B vaccination.
- The practice was on the ground floor level. There were double doors at the entrance to aid access and disabled facilities were available.

Access to the service

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open with consultations available between 8.15am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12.30pm. Extended hours appointments were offered on a Saturday morning 9am to 12 noon. In addition to pre-bookable appointments that could be booked up to several months in advance, urgent appointments were available for people that needed them through the nurse telephone triage system.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients (a 5% improvement from January 2016 survey results) were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%. This was 5% lower than the January 2016 survey results. The practice manager also told us the telephone system was being updated in august 2016 to improve access, offering more lines and better direction for patients.

People told us on the day of the inspection that they sometimes found it difficult to get a routine appointment. We observed the next routine GP appointment to be in five weeks' time. The GP partners were aware of this and told us they had reviewed ways of working to try to reduce the waiting time. For example, they had recently employed a locum Pharmacist to assist with some of the medicines management work previously done by the GPs. The practice offered a nurse telephone triage system with a duty doctor on call everyday who would deal with urgent appointments.

The practice had a system in place to assess:

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

The receptionists told us they would put requests for home visits on the visit screen on the clinical system and the duty doctor would ring the patient back to arrange the visit if appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw an information leaflet was available to help patients understand the complaints system in reception. The practice manager told us she would meet and assist patients whose first language was not English or who were illiterate if they wished to complain.

We looked at two of the five complaints received in the last 12 months and found they had been dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had reviewed the protocol for management of vitamin B12 deficiency with all staff.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and a clear five year business plan which reflected the vision and values which had been shared with staff.

The partners told us they had volunteered to be one of four practice case studies for the The Kings Fund to review capacity and demand following the recent national equitable funding review process to see where improvements could be made to the way the practice currently operated which was reflected in their five year business plan.

The partners told us the practice were looking at new ways of working and had recruited a Pharmacist and were looking at making changes to the appointment system to improve access. The GP partners told us the practice had recently federated with seven local practices to look at sharing and providing new services to meet the needs of the neighbourhood population.

The partners had reviewed the demographics of its patient population and had a clear understanding of some of the complex needs of their patients. The partners told us they had collated data which showed 32% of consultations required the use of an interpreter and 25% were unable to read and write. The practice had employed bilingual reception staff to assist patients at the front desk, developed new patient medicals that included appropriate testing for new migrants and staff told us they would assist patients with their NHS correspondence.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of monitoring the complete immunity status of clinical staff.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Staff told us they received a regular staff bulletin which kept them up to date in between meetings on current issues and updates regarding any changes within the practice or of new systems.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held a team building day in October 2015 to support staff.
- Staff said they felt respected, valued and supported, by the partners and the practice manager in the practice.

Are services well-led?

Good

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

All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the queuing system which routes calls on the new telephone system due to be installed in August 2016 was discussed with the group.
- At the most recent PPG meeting they had discussed using 'expert patients' to gain feedback on particular topics. They agreed to try this and were going to advertise a topic to invite patients with a particular interest to a meeting to feedback their views.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had been accredited and was due to become a hub for student nurse training from September 2016.