

The Gate Surgery

Quality Report

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Rotherham

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gate Surgery on 28 September 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.
- Systems were in place to safeguard patients whose circumstances made them vulnerable and the systems had been developed to minimise the risks related to their specific patient group.
- Risks to patients were assessed and generally well managed although improvements were required in areas relating to the management of blank prescriptions and the storage of vaccines.
- 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.
- The practice used innovative and proactive methods to improve patient outcomes. The practice worked closely with other organisations and the local community in planning how services were provided to ensure they met patients' needs
- 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 although information about escalating complaints needed adding to the policy and procedure and response letters. Improvements were made to the quality of care as a result of complaints and concerns.
- Although the practice had a flexible appointment system, which had been developed to meet their specific patient demands, some patients said they did not find easy to make an appointment. Urgent appointments were available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. 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.
- All the staff were passionate about the service and were proactive in seeking ways to assist patients and the local community. It was clear the staff worked hard to provide a good quality and equitable service in order to improve care and the quality of life for some of Rotherham's most marginalised and vulnerable groups. Whilst provision of services to the patient group was potentially very challenging the staff enjoyed their work and felt supported in their roles and this was testament to the energy and enthusiasm for the service shown by the Registered Manager.

We saw areas of outstanding practice:

The practice population included a high percentage of patients from vulnerable groups such as asylum seekers, homeless patients and travellers. This offered the practice a number of challenges in the management of health care needs which included, high patient turnover, chaotic lifestyles, poor engagement and a lack of medical history. To minimise the risk posed by these challenges the practice used every opportunity to provide care and safeguard these patients often being flexible and opportunistic in their approach. They also supported the patients in a variety of ways to try to minimise the impact of their circumstances on their health. For example;

- The systems to safeguard patients had been developed to meet the specific risks of the patient population. This included closely monitoring children on the child protection register at specific intervals, depending on their age. For example, children up to two years of age were monitored three monthly and if they had not seen a clinician in that time they were referred to the health visitor. The practice had also developed a detailed new patient assessment record which identified patients who may be at risk of female genital mutilation (FGM) and

a register of children in this risk category was maintained. There was also a clinical lead specifically for this area. Safeguarding information and related issues were widely promoted throughout the practice for both patients and staff.

- The practice offered outreach clinics in a variety of settings including homeless shelters, hostels and encampment sites. The staff attending offered general health checks, care for immediate health needs, wound dressings, childhood and flu vaccines, screening services and treatments as necessary.
- Due to the health and social care needs of their patient population the practice had an exceptionally high incidence of chronic venous leg ulcers. Because of the patients lifestyle it had been assessed as unsafe for these patients to be referred to the district nurse for home visits. The practice therefore offered a walk-in leg ulcer clinic three times per week to meet the needs of these patients.
- The practice offered a walk-in service for the supply of condoms. Public health policy stated this was to be offered to patients under 19 years of age but due to the health issues and associated risks of the patient population they offered this service to all patients irrespective of age.
- To enable them to capture and deliver necessary care and treatment as soon as possible the practice had implemented a thorough new patient assessment process. This process included a full health and social care needs assessment and any treatment, blood tests or health reviews which were necessary at the same appointment. A detailed template had been developed to assist the assessment and to assist the practice to identify those who may be at risk of sexually transmitted diseases, blood borne viruses, FGM and safeguarding issues. An hour long appointment was scheduled for new patients to enable the staff to complete the assessments. This process reduced the need for patients to re-attend for routine screening and increased the chances of identifying patient's health needs and providing interventions to reduce risks to patients and others. The practice had completed 961 of these new assessments in the last 12 months.

Summary of findings

- If a patient attended for an appointment they would check if reviews, routine blood tests or treatment were due and complete these at the same time.
- The homeless were able to use the practice as a mail point which allowed the receipt of mail such as hospital appointments and benefits.
- The practice assisted with social needs such as benefits, housing and asylum issues and acted as patients advocate. They also helped with taxi fares for hospital appointments and for attending the surgery.
- The practice provided a food and clothes bank and provided winter rescue packs for the homeless. They worked closely with charitable organisations and businesses for donations for these areas of work.
- The practice had developed a community allotment in the grounds at Rosehill Medical Centre. They had provided raised beds and a potting shed. This was run by an organisation called Rotherham in Root and the practice supported them by providing seeds and administration services such as printing. This project had been developed for the benefit of the community and the food grown was shared between the community and a homeless shelter. Patients were also given seeds to grow their own produce.

- Although the practice did not offer appointments at weekends The Gate Surgery opened on a Saturday in the winter months to offer soup, warmth and a meeting place for vulnerable patients. This service was operated by staff on a voluntary basis.

The areas where the provider must make improvement are:

- Improve systems to manage blank prescriptions and ensure these meet NHS Protect guidance.
- Improve storage arrangements for vaccines to ensure these meet Public Health England guidance. Review arrangements for monitoring the temperature of vaccines when they are transported from the surgery.

The areas where the provider should make improvement are:

- Implement refurbishment and maintenance plan at Rosehill Medical Centre to ensure effective infection prevention and control can be maintained.
- Review security arrangement at the branch surgeries to control access
- Include in complaint response letters to patients how to escalate a complaint if they are not satisfied with the response from the practice.

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.

Requires improvement



- 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. The systems to safeguard patients had been developed to meet the specific risks related to the patient population. Safeguarding information and related issues were widely promoted throughout the practice for both patients and staff.
- Risks to patients were assessed and generally well managed although improvements were required in areas related to:
 - management of blank prescriptions
 - storage of vaccines
- Some areas at Rosehill Medical Centre required redecoration and maintenance to enable effective cleaning. Security at Rosehill also required improvement.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were thorough and 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 closely with other health and social care professionals and voluntary groups to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice population included a high percentage of patients from vulnerable groups such as asylum seekers, homeless patients and travellers which offered a number of challenges to management of health care needs. This included high patient turnover, chaotic lifestyles, poor engagement and a lack of medical history. To minimise the risk posed by these challenges the practice used every opportunity to provide care for these patients often having to be flexible and opportunistic in their approach. They also supported the patients in a variety of ways to try to minimise the impact of their circumstances on their health and welfare.

Are services caring?

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was positive.

- We observed a strong patient-centred culture:
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The staff worked hard to provide a good quality and equitable service in order to improve care and the quality of life for their patients.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example:
- The homeless were able to use the practice as a mail point which allowed the receipt of mail such as hospital appointments and benefits.
- The practice assisted with social needs such as benefits, housing and asylum issues and acted as patients advocate.
- The practice assisted with taxi fares for hospital appointments and for attending the surgery.
- They provided a food and clothes bank and provided winter rescue packs for the homeless. They worked closely with charitable organisations and businesses for donations for these areas of work.
- The practice had developed a community allotment in the grounds at Rosehill Medical Centre. This project had been developed for the benefit of the community and the food grown was shared between the community and a homeless shelter. Patients were also given seeds to grow their own produce.

Outstanding



Summary of findings

- The Gate Surgery opened on a Saturday in the winter months to offer soup, warmth and a meeting place for vulnerable patients.
- Views of external stakeholders were very positive and aligned with our findings.
- 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.

Are services responsive to people's needs?

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 used innovative and proactive methods to improve patient outcomes. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. To minimise risks to patients the practice had developed the service so they could be flexible and opportunistic in their approach. They supported the patients in a variety of ways to try to minimise the impact of their circumstances on their health and welfare. for example:
- Outreach clinics (clinic in a box) were provided to hostels, homeless shelters and encampment sites.
- Due to health and social care needs in their patient population the practice had an exceptionally high incidence of chronic venous leg ulcers. Because of the patients lifestyle it had been assessed as unsafe for these patients to be referred to the district nurse for home visits. The practice therefore offered a walk-in leg ulcer clinic three times per week to meet the needs of these patients.
- Although the practice had a flexible appointment system, which had been developed to meet their specific patient demands, some patients said they did not always find it easy to make an appointment. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand although information about escalating complaints required adding to the policy and procedure and response letters. Improvements were made to the quality of care as a result of complaints and concerns.

Outstanding



Summary of findings

Are services well-led?

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

Good



- 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. Risks to patients were assessed and generally well managed although improvements were required in areas related to management of blank prescriptions and storage of vaccines.
- The provider was aware of and complied with the requirements of the duty of candour. The management 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. There was also a strong patient-centred culture and all the staff were very passionate about the service and proactive in seeking ways to provide a good quality and equitable service in order to improve care and quality of life for their patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited care homes registered with the practice on a weekly basis to review patients care needs and medicines.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 66%, 16% lower than the CCG average and 22% lower than the national average. Performance in other areas, including asthma, chronic obstructive airways disease (COPD), hypertension and depression, was 100%, slightly above average. The practice population offered a number of challenges to management of health care needs. To minimise the risk posed by these challenges the practice used every opportunity to provide care for patients often having to be flexible and opportunistic in their approach. For example, if a patient attended for an appointment they would check if reviews, routine blood tests or treatment were due and complete these at the same time.
- A thorough new patient assessment process had been developed and patients were given an hour long appointment. This process included a full health and social care needs assessment and any treatment, blood tests or health reviews which were necessary at the same appointment. This process reduced the need for patients to re-attend for routine screening and increased the chances of identifying patient's health needs and providing interventions to reduce risks to patients and others.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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. The practice monitored children on the child protection register at regular intervals, depending on their age. For example, children up to two years of age were monitored on a three monthly basis and if they had not seen a clinician in that time they were referred to the health visitor.
- Due to the practice patient profile the practice had developed a detailed new patient assessment record which identified patients who may be at risk of female genital mutilation (FGM) and a register of children in this risk category was maintained. There was also a clinical lead specifically for this area.
- Immunisation rates were slightly below CCG and national average for standard childhood immunisations, however, the practice took every opportunity to ensure children received their vaccinations
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice hosted weekly clinics at The Gate Surgery with specialist health visitors for the asylum and European Union migrant patient population to improve communication.
- The practice hosted specialist sexual health nurse clinics weekly in line with the post-natal checks for contraception advice. They also offered a walk-in service for condoms. Public health policy stated this is to be offered to patients under 19 years of age but due to the health issues of the practice patient population they offered this service to all patients irrespective of age.

Summary of findings

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 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.
- The health care assistant provided a phlebotomy service 7am to 8am on a Wednesday at Canklow Road Surgery and 6.30am to 8am at Rosehill Medical Centre. A GP provided early morning appointments at The Gate surgery from 7am on a Tuesday.

People whose circumstances may make them vulnerable

Outstanding



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

- The practice population included a high percentage of patients from vulnerable groups such as asylum seekers, homeless patients and travellers which offered a number of challenges to management of health care. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. To minimise risks to patients the practice had developed the service so they could be flexible and opportunistic in their approach. They supported the patients in a variety of ways to try to minimise the impact of their circumstances on their health. For example, the practice provided outreach clinics, provision of a food and clothing bank, winter rescue packs for homeless patients and they had developed community allotments on a piece of waste ground at one of the surgeries.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed 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. The systems to safeguard patients had been developed to meet the specific risks of the patient population.

Summary of findings

- The homeless were able to use the practice as a mail point which allowed the receipt of mail such as hospital appointments and benefits.
- The practice assisted with social needs such as benefits, housing and asylum issues and acted as patients advocate. They also assisted with taxi fares for hospital appointments and for attending the surgery.
- Although the practice did not offer appointments at weekends The Gate Surgery opened on a Saturday, in the winter months, to offer soup, warmth and a meeting place for vulnerable patients.
- The practice hosted joint drug and alcohol services at The Gate Surgery three to four times per week and walk-in leg ulcer clinics.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 88%, 2% below CCG average and 4% below national average.
- Performance for depression was 100%, 6% above the CCG average and 8% above the national average. Prevalence of depression in the patient population 5% higher than CCG and 7% higher than national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. All three surgeries hosted improving access to psychological treatment (IAPT) counselling services.
- The practice had informed 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.
- The practice had a significantly lower than average number of older patients with only 10% of patients being over 65 years of age. The practice had a register of patients living with dementia and regularly checked for those who may be at risk. They had identified three patients living with dementia.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 342 survey forms were distributed and 90 were returned. This represented 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 44 comment cards which were all positive about the standard of care received. There were a number of comments that patients felt they were treated with respect by the staff and they said staff were helpful. A quarter of the cards contained negative comments about difficulties getting through to the practice by telephone and making pre-booked appointments and availability of online appointments which working patients said they found frustrating.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The majority of the patients we spoke with said there was some difficulty getting appointments.

The Gate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to The Gate Surgery

The provider, Gateway Primary Care C.I.C. (Community Interest Company) is a social enterprise. The practice provides services under an Alternative Provider Medical Services contract (APMS - a locally negotiated contract open to both NHS practices and voluntary sector or private providers) for 6,900 patients from a group of surgeries within the Rotherham CCG. The main surgery operates a specialised contract for the CCG, providing services to asylum seekers, homeless, travellers and a transition home for prisoners who have been high risk but are being released into the community.

The services comprise of;

The main Surgery:

The Gate Surgery

Chatham house

Doncaster Gate

Chatham Street

Rotherham

S65 1DJ

And two branch surgeries;

Canklow Road Surgery

245-247 Canklow Road

Rotherham

South Yorkshire,

S60 2JH

And

Rosehill Medical Centre

52 Rosehill Road

Rawmarsh

Rotherham

S62 7BT

We visited all three sites during this inspection.

All premises have access to car parking facilities and there is access available for wheelchairs and disabled toilet facilities.

The patient population is significantly higher than average in the under 50 year old age group and significantly lower than average in the over 50 year old age groups. The practice is situated in one of the most deprived areas nationally. Over half of the practice population at the main site have English as their second language.

There are four salaried GPs, two female and two male. There is a management team including a performance manager, business manager clinical manager and a managing director. The nursing team comprises of an advanced nurse practitioner, four practice nurses and two health care assistants. There are nine reception/administration staff.

The reception at each site is open 8.00am to 6.30pm Monday to Friday and appointments are available 8.30am

Detailed findings

to 11.00am and 3pm to 5.30pm. Additionally the health care assistant provides a phlebotomy service 7am to 8am on a Wednesday at Canklow Road Surgery and 6.30am to 8am at Rosehill Medical Centre. A GP provides early morning appointments at The Gate surgery from 7am on a Tuesday. The reception opens 15 minutes before the early morning surgeries commence.

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

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.

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 28 September 2016.

During our visit we:

- Spoke with a range of staff (three GPs, two practice nurses, health care assistant, management team and four reception staff) and spoke with patients who used the service.

- Observed the interactions between staff and patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an 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, where there had been an issue relating to patient records due to an error by a secondary care provider the practice had contacted the patient and informed them of the actions taken to correct the error. They had also reported the error to the relevant agencies.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although we found some areas required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 all had received training on safeguarding children and vulnerable adults relevant to their role via CCG training events and eLearning. In house surveys were completed to test staff knowledge of safeguarding following the training. GPs were trained to child protection or child safeguarding level 3. The practice monitored children on the child protection register closely, at regular intervals, depending on their age. For example, children up to two years of age were monitored three monthly and if they had not seen a clinician in that time they were referred to the health visitor. Due to the practice patient profile the practice had developed a detailed new patient assessment record which identified patients who may be at risk of female genital mutilation (FGM) and a register of children in this risk category was also maintained. There was also a clinical lead specifically for this area. We noted safeguarding information and related issues were widely promoted throughout the practice for both patients and staff.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The policy and procedure to support practice in this area did not advise staff where to stand during this role. The manager told us they would update this. Staff we spoke with were aware of where to stand when acting as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and generally well maintained. However, we observed at Rosehill Medical Centre some areas required improvement to ensure cleaning would be effective. In one consulting room the grouting around the sink required replacing and the plaster behind the sink in the patient toilet was cracked. In the cleaners cupboard the wall covering was peeling away from the walls. We also noted an unused pipe in the kitchen leading to the drain outside may not have been capped off appropriately. The property was owned by NHS Property Services. Following the inspection the

Are services safe?

Registered Manager told us these areas had been reported to the landlord and added to the job list for the maintenance person to attend to and they provided a copy of the job list to evidence this. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention 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 vaccines, in the practice required some improvement. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Systems to manage blank prescriptions did not meet NHS Protect guidance. For example, blank prescription forms and pads were securely stored and there were systems in place to record receipt of these at the main site. However, there was no system to monitor their use and ensure a clear audit trail through the practice. Transporting of blank prescriptions between the main site and the branch sites had not been risk assessed. Following the inspection the Registered Manager told us they had implemented a system to track prescriptions through the practice.
- The storage of vaccines did not meet Public Health England guidance. For example, we observed the fridges used to store vaccines at the Canklow Road Surgery were overfull due to the recent receipt of the flu vaccines for the flu clinics which were due to commence the day after the inspection. We observed air could not adequately circulate around the medicines to ensure the appropriate temperature was maintained. We observed the vaccine fridge at The Gate Surgery was

plugged into an extension lead and although the fridge plug had a do not remove label plugging into an extension lead increased the risk of this being accidentally turned off. Flu vaccines were transported in cool bags for home visits but a thermometer was not provided and the temperature of this storage was not monitored.

These issues were reported to the management team who said they would review this immediately. The Registered Manager sent photographic evidence after the inspection to show the fridge had been moved to allow for this to be plugged into a more appropriate socket. They also informed us after the inspection the cool bags were validated systems for the safe transportation of vaccine and other temperature sensitive products. They said thermometers had been ordered for use in cool bags and storage of vaccine supplies in fridges had been reduced.

- We reviewed four personnel files and found recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service. However, we found in three cases the DBS had not been obtained prior to employment. The manager told us they had recently identified this as an issue and we saw that for the most recently employed member of staff they had obtained the DBS prior to employment. The practice policy and procedure had been updated and included the requirements related to DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

Are services safe?

bacterium which can contaminate water systems in buildings). The management team carried out monthly checks of delegated tasks and related records, such as fire alarm testing, to ensure these had been completed.

- 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. We observed there was only one member of reception staff at the branch surgeries. In one instance where a GP required a chaperone the reception was then left secure but unmanned and with no one to greet patients.
- We observed the security of the practice could be compromised at Rosehill Surgery as the general public could gain unobserved access to the surgery and the consulting rooms via the kitchen from the community gardens. The Registered Manager advised us this had been reviewed and additional locks had been ordered to address this situation.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

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 best practice guidance from the CCG 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 were 89% of the total number of points available with an exception rate of 9%. (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 66%, 16% lower than the CCG average and 22% lower than the national average.
- Performance for mental health related indicators was 88%, 2% below CCG average and 4% below national average.
- Performance in other areas, including asthma, chronic obstructive airways disease (COPD), hypertension and depression, was 100%, slightly above average.

We discussed the performance with the practice and found the practice had good systems in place for patient recall

and performance was regularly monitored. However, the transient lifestyles of a high proportion of the patient population impacted on the data related to practice performance.

The practice population included patients from vulnerable groups such as asylum seekers, homeless patients and travellers. The staff told us the practice patient population offered a number of challenges to management of health care needs including, high patient turnover and lack of understanding, chaotic lifestyles, poor engagement and a lack of medical history. To minimise the risk posed by these challenges the practice used every opportunity to provide care for these patients often having to be flexible and opportunistic in their approach. For example, if a patient attended for an appointment they would check if reviews, routine blood tests or treatment were due and complete these at the same time.

Reviews were completed as home visits where patients were unable to visit the practice. Clinical staff worked closely with local care homes to ensure reviews were completed and completed weekly visits to the homes. The practice offered four monthly reviews for patients with complex long term conditions.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year. We looked at two audits in detail and found these to be comprehensive although only one cycle of audit had been undertaken at the time of the inspection. The practice provided a summary of their audits and this indicated one of these was a completed audit where the improvements made were implemented and monitored. This showed a 25% improvement in the second cycle audit for pre-referral tests and investigations completed prior to referral to the memory clinic.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, 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. One member of staff told us they had completed an update in heart failure and had fed this back to other clinical staff.
- 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. We observed a health care assistant was undertaking a competency assessment in this area following training.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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, in-house training and external training events.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service. The practice hosted a weekly Health Trainer clinic where patients could access advice about healthier lifestyle choices, such as diet and exercise.
- The practice offered outreach clinics in a variety of settings including homeless shelters, hostels and illegal encampment sites. The staff attending offered general health checks and care for immediate health needs, wound dressings, flu vaccines, screening services and treatments as necessary. Patients with complex health needs were offered an appointment at the surgery.
- The practice hosted joint drug and alcohol services at The Gate Surgery three to four times per week. They also hosted improving access to psychological treatment (IAPT) counselling service at all three sites.

Are services effective?

(for example, treatment is effective)

- The practice hosted weekly clinics at The Gate Surgery with specialist health visitors for the asylum and European Union migrants' population to improve communication with this group of patients.
- The practice hosted specialist sexual health nurse clinics weekly in line with the post-natal checks for contraception advice. They also offered a walk-in service for condoms. Public health policy stated this was to be offered to patients under 19 years of age but due to the health issues of the practice patient population they offered this service to all patients irrespective of age.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were 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 below CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 95% and five year olds from 33% to 96%. CCG averages were 47% to 98% and

71% to 96%. Staff took every opportunity to review the needs of children and offered the vaccination programme opportunistically and they referred to the health visitor where children did not attend.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. To enable them to capture as much information and deliver necessary care and treatment as soon as possible the practice had implemented a thorough new patient assessment process. This process included a full health and social care needs assessment and any treatment, blood tests or health reviews which were necessary at the same appointment. A detailed template had been developed to assist the assessment and to assist the practice to identify those who may be at risk of sexually transmitted diseases, blood borne viruses, FGM and safeguarding issues. An hour long appointment was scheduled for new patients to enable the staff to complete the assessments. The practice had completed 961 of these new assessments in the last 12 months.

Where travellers moved into the area the staff would attend the site within 24 to 48 hours. They conducted their visits after the regulatory authorities had visited the site to build trust and encourage compliance. During these visits they would check children's vaccinations were up to date and provide treatment where necessary. They also ensured women received antenatal care as necessary and provided care for those with long term conditions.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff had completed annual training in customer care and information governance. The staff also signed an agreement, which was reviewed every year, relating to the appropriate and safe use of smart cards (cards which allow access to the computerised patient records).
- We saw patients were welcomed in to the practice at The Gate Surgery, where 58% of patients did not have English as a first language, by a welcome notice in different languages. The practice had also displayed a map of the world showing the different areas where patients were from.
- The homeless were able to use the practice as a mail point which allowed the receipt of mail such as hospital appointments and benefits.
- The practice assisted with social needs such as benefits, housing and asylum issues and acted as patients advocate.
- The practice assisted with taxi fares for hospital appointments and for attending the surgery. And they provided a food and clothes bank and provided winter rescue packs for the homeless. They worked closely with charitable organisations and businesses for donations for these areas of work.
- The practice had developed a community allotment in the grounds at Rosehill Medical Centre. They had provided raised beds and a potting shed. This project had been for the local community to manage but the practice recognised they needed support and had

arranged for an organisation called Rotherham in Root to support them and manage the project. The practice supported them by providing seeds and administration services such as printing. This project had been developed for the benefit of the community and the food grown was shared between the community and a homeless shelter. Patients were also given seeds to grow their own produce.

- The Gate Surgery opened on a Saturday in the winter months to offer soup, warmth and a meeting place for vulnerable patients. This service was operated by staff on a voluntary basis.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five 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. 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 felt they were treated with compassion, dignity and respect. The practice was slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them the same as the clinical commissioning group (CCG) average and comparable to the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.



Are services caring?

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in different languages and easy read format. Staff had access to interpreter and translation services via the telephone or computer systems to enable them to communicate effectively with patients. The practice web site had a function to easily translate the information into different languages.

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 was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. However, this may be due to the type of population group as the practice completed detailed assessments of patients needs and circumstances. Written information was available to direct carers to the various avenues of support available to them.

If families had suffered bereavement, their usual GP contacted them and a condolences card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



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. The practice had worked closely with Rotherham CCG and voluntary organisations to develop the services provided focusing on individuals who have the most difficulty in accessing appropriate health care to improve care and quality of life for some of Rotherham's most marginalised and vulnerable groups.

- The practice offered early morning appointments at the three sites. A health care assistant provided a phlebotomy service 7am to 8am on a Wednesday at Canklow Road Surgery and 6.30am to 8am at Rosehill Medical Centre. A GP provided early morning appointments at The Gate surgery from 7am on a Tuesday.
- There were longer appointments available for patients with a learning disability and for new patients and for those who needed them.
- 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 required same day consultation.
- The practice worked flexibly and opportunistically to accommodate and meet the needs of patients with complex needs and chaotic lifestyles.
- Patients were able to receive travel vaccinations available on the NHS.
- Patients were able to access screening for a variety of conditions such as tuberculosis (TB) and human immunodeficiency virus (HIV) and this was actively promoted for new patients. The practice assisted in contact tracing and completed home visits to vaccinate family members where necessary.
- There were disabled facilities, a hearing loop and interpreter and translation services available. Information was available in different languages and easy to read formats.
- Outreach clinics (clinic in a box) were provided to hostels, homeless shelters and encampment sites.

- Due to health and social care needs in their patient population the practice had an exceptionally high incidence of chronic venous leg ulcers. Because of the patients lifestyle it had been assessed as unsafe for these patients to be referred to the district nurse for home visits. The practice therefore offered a walk-in leg ulcer clinic three times per week to meet the needs of these patients.

Access to the service

The reception at each site was open 8.00am to 6.30pm Monday to Friday and appointments were available 8.30am to 11.00am and 3pm to 5.30pm. Additionally the health care assistant provided a phlebotomy service 7am to 8am on a Wednesday at Canklow Road Surgery and 6.30am to 8am at Rosehill Medical Centre. A GP provided early morning appointments at The Gate surgery from 7am on a Tuesday. The reception opened 15 minutes before the early morning surgeries commence.

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

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

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 83% 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%.
- 80% of patients described their experience of making an appointment as good compared to the national average of 73%.

A quarter of the 44 comment cards we received contained negative comments about difficulties getting through to the practice by telephone and making pre-booked appointments and availability of online appointments which working patients said they found frustrating. The majority of the 11 patients we spoke with said there was some difficulty getting appointments.



Are services responsive to people's needs?

(for example, to feedback?)

We were told the appointment system was designed for their patient group who tended to want an appointment the same day. We looked at the appointments available. The practice split the number of appointments 60/40 between book on the day and pre-bookable appointments and two appointments per day were reserved for online booking at each site. Patients could contact any of the sites to book appointments and could be seen at any of the three sites. Staff told us when all the book on the day appointments were filled the GPs ran a triage system contacting the patient by telephone and opening extra appointments if required. We saw that the wait for pre-bookable appointments ranged between one and eight working days depending on which surgery site/GP was requested.

The practice had conducted a patient survey between April and July 2016 which had highlighted some concerns about the appointment system. A nurse prescriber had been appointed to help improve access to 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.

Staff recorded requests for home visits and the GPs triage these. 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. However, we noted the policy and procedure did not include the address for the Parliamentary and Health Service Ombudsman. Response letters to patients did not give adequate information on how to escalate their complaint if they were not satisfied with the response from the practice. The Registered Manager provided evidence after the inspection that the policy and procedure had been updated with this information.
- 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 this was displayed in the waiting rooms and on the web site where it could be translated into different languages.

We looked at the nine complaints received in the last 12 months across the three sites and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint that there was a delay in calling a patient back the practice changed the way it logged patient requests for a call relating to a clinical query. The requests were now logged electronically so the GPs could see them immediately.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. However, there were some areas which required improvement relating to management of blank prescriptions and management of the cold chain for vaccines and security and maintenance at Rosehill Medical Centre.

Leadership and culture

On the day of inspection the management team demonstrated strong leadership and that 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 managers were approachable and always took the time to listen to all members of staff.

The management team 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). 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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Whilst provision of services to the patient group was potentially very challenging the staff enjoyed their work and felt supported in their roles and this was testament to the energy and enthusiasm for the service shown by the Registered Manager.

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 practice had renewed chairs in the waiting room following discussions in the PPG meeting.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff 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.

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. The CCG told us the practice was proactive and willing to try new things to try and be at the forefront.

We observed all the staff were passionate about the service and were proactive in seeking ways to assist the patients and the local community. For example, in the provision of outreach clinics, food and clothing banks, winter rescue packs for homeless patients and development of the community allotments on a piece of waste ground at one of the surgeries. It was clear during the inspection that all the staff worked hard to provide a good quality and equitable service in order to improve care and the quality of life for some of Rotherham's most marginalised and vulnerable groups.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to manage and mitigate risks to the health and safety of service users. This was because:</p> <ul style="list-style-type: none">• Systems to manage blank prescriptions did not meet NHS Protect guidance. There was no system to monitor the use of blank prescriptions and ensure a clear audit trail through the practice. Transporting of blank prescriptions between the main site and the branch sites had not been risk assessed. The storage of vaccines did not meet Public Health England guidance.• The fridges used to store vaccines at the Canklow Road Surgery were overfull due to the receipt of the flu vaccines and air could not adequately circulate round the medicines to ensure the appropriate temperature was maintained. The vaccine fridge at The Gate Surgery was plugged into an extension lead and although the fridge plug had a do not remove label plugging into an extension lead increased the risk of this being accidentally turned off. Flu vaccines were transported in cool bags for home visits but a thermometer was not provided and the temperature of this storage was not monitored. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>