

Dr Ndubisi Moses Okorie

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ndubisi Moses Okorie, known as The Medical Centre on 6 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of equipment to deal with medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure there is adequate equipment on site to deal with medical emergencies and ensure staff are trained in cardiopulmonary resuscitation (CPR) annually as per Resuscitation Council (UK) guidelines for primary care.

Summary of findings

- Ensure adequate recruitment checks are in place for the appointed locum GP providing care and treatment to patients in line with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The areas where the provider should make improvement are:

- The health and safety poster displayed in the practice should include the details of the practice representative.

- A hard copy of the business continuity plan should include staff contact details and be kept in reception for easy access.
- A recording system should be implemented to monitor the movement of blank prescriptions within the practice.
- Implement a recording system for cleaning of equipment used for patient care and flushing of the water system.

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.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients who used services were assessed, although the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not have a defibrillator or medical emergency oxygen on site to deal with medical emergencies, there was no record of recruitment checks for locum doctors, the movement of blank prescriptions was not monitored within the practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or slightly lower than the locality and compared to the national average at 86.8%. This had improved from 66.8% the previous year.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others for several aspects of care. The patients we spoke with told us 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

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 this.
- There was a clear leadership structure and staff felt supported by the 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 documenting the cleaning of equipment used for patient care and the flushing of the water system.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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 percentage of people aged 65 or over who received a seasonal flu vaccination was 72.3%, comparable to the national average of 72.99%.

Good



People with long term conditions

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

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

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates were lower than national averages. Staff told us they would telephone patients who did not attend for their immunisations and would involve the health visitor when required.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- Data showed 93% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- All children were offered a same day appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed patients whose circumstances could make them vulnerable about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Of those patients diagnosed with dementia, 100% had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Of those patients diagnosed with a mental health condition, 100% had a comprehensive care plan reviewed in the last 12 months, which was above the national average of 88%. It was noted that although the percentage of patients excepted from this indicator was high at 66.7%, there was a low prevalence of patients on the register.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 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.
- 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) to support patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with or slightly below local and national averages. There were 366 survey forms distributed and 114 forms were returned. This represented 9.5% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 77% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 CQC comment cards which were all positive about the standard of care received. Patients said that staff were very professional, approachable and caring. Staff were always helpful and friendly and the practice was always clean and appointments available when needed.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed, supportive and caring.

Dr Ndubisi Moses Okorie

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Ndubisi Moses Okorie

Dr Ndubisi Moses Okorie, also known as The Medical Centre is located in a purpose built health centre in Tinsley and accepts patients from Tinsley, Darnall and Brinsworth in Sheffield. The practice catchment area has been identified as one of the second most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 1251 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, childhood vaccinations and immunisations.

The practice has one male GP partner, one female nurse practitioner, one receptionist, an assistant practice manager and a practice manager.

The practice is open 8am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. Care UK provides cover when the practice is closed on a Thursday afternoon. 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 6pm and 8am patients are directed to contact Care UK. Care UK provides cover when the practice is closed between 8am and 6pm, for example, at lunchtime. Patients are informed of this when they telephone the practice number.

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 6 April 2016. During our visit we:

- Spoke with all members of staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the GP of any incidents and there was a recording form available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the procedure for scanning letters was amended.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding and would attend safeguarding meetings when possible and provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role with the exception of receptionist who had been in post seven months. It was noted this was covered at induction and training was booked for May 2016. The GP was trained to safeguarding children level three.
- A notice in the waiting room and in the treatment 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 had a system for cleaning equipment used for patient care but this was not documented. The GP and the practice nurse were the infection prevention and control (IPC) clinical leads. There was an IPC protocol in place and clinical staff had received up to date training. Annual infection control audits were undertaken and we were told that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, however, there was no system in place to monitor their movement within the practice. The GP told us a monitoring log would be introduced. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines in line with her area of expertise. She received mentorship and support from the GP for this extended role.
- We reviewed two recruitment files and found appropriate checks for staff employed since the practice registered with the CQC had been undertaken prior to employment. For example, proof of identification, documentation of verbal references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We noted the practice used the same locum GP to provide cover. There was no record appropriate recruitment checks had been completed, for example medical indemnity cover, DBS, occupational health information or registration with the professional body. The GP told us the practice would keep a record of this information.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The local health and safety representative information identified on the poster was out of date. The GP told us this would be updated with the details of the current health and safety representative for the practice. The practice had a fire risk assessment and carried out regular checks of the fire alarm system and 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). Staff told us the taps were flushed weekly but there was no recording log of this. The practice manager told us a recording sheet would be implemented to monitor this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a buddy system with a neighbouring practice to provide locum GP cover when required.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- Staff had not received cardiopulmonary resuscitation (CPR) training annually as per Resuscitation Council (UK) guidance for healthcare staff. All staff received training every 18 months with the exception of a receptionist who had been in post seven months and had no basic life support training. It was noted that training had been arranged for June 2016.
- The practice did not have a defibrillator available on the premises. The practice provided evidence following the inspection that a risk assessment had been completed. The practice had rated the risk as low as they said they were in close proximity to the local hospital.
- There was no medical emergency oxygen available at the practice to deal with medical emergencies and there was no risk assessment to why the practice did not have this equipment.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage on the practice's computer system. The GP had a hard copy of the plan at home but there was not a hard copy of the plan within the practice and it did not include 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 used this information to deliver care and treatment that met peoples' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 86.8% of the total number of points available in 2014/15 compared to 66.4% in 2013/14 with 9.8% exception reporting in 2014/15 which was comparable to the CCG and national averages. (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 6.3% below the CCG and 5.1% below the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 14.6% below the CCG and 13.4% below the national averages.
- Performance for mental health related indicators was 5.8% below the CCG and 4.3% below national average.

The practice had been identified as having a high percentage of patients with a long term condition whose blood pressure was not within target range. The GP was aware of this and had put an action plan in place to monitor patient compliance with medications.

The practice manager told us the practice had recently purchased software for their computer system to improve the practice annual call and recall system for patients who had long term conditions.

Clinical audits demonstrated quality improvement.

- We saw evidence of two clinical audits completed in the last two years. These were two cycled completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had completed an audit on vitamin D deficiency to ensure patients with the condition were diagnosed in a timely manner and treated with the appropriate medication.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to 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 during sessions, attendance at a daily full team meeting, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidation of the GP and nurse. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: fire procedures, safeguarding and basic life support. Staff had access to in-house training and attended external local 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 shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the e-referral system when referring patients to secondary care. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 93%, which was above the national average of 82%. We noted the practice had an exception rate of 23.6% which was higher than the ccg average of 13.9% and national average of 6.3%. We reviewed this during the inspection and could not identify any particular reason for this. The practice had an exception reporting policy in place and there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were below national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 39.1% to 100% and five year olds from 80% to 93.3%. Staff told us that appointments for immunisations were sent to the parent of the child and this would be followed up by a telephone call if the child failed to attend or the practice would ask the health visitor to follow this up.

Flu vaccination rates for the over 65s were 72.3%, (comparable to the national average of 72.99%) and at risk groups 64.8% which was above the national average of 53.23%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- A protection screen was provided in the treatment room 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 area to discuss their needs.

All of the 19 patient CQC 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 patients including one member of the patient participation group who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 76% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 79% said the GP gave them enough time (CCG and national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 66% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

This did not reflect what patients told us on the day of the inspection or on the CQC comment cards we received. Patients told us all staff were caring, friendly, professional, helpful and approachable.

Results from the GP patient survey showed 98% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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 below local and national averages. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (national average 86%).

This did not reflect what patients told us during the inspection. They 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 on the CQC comment cards we received was also positive and aligned with these views.

Staff told us that interpreter services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified six patients as carers. Written information was available to direct carers to the various avenues of support available to them. The

Are services caring?

practice hosted a community support worker who attended the practice weekly who was able to offer carer's advice on housing, benefits and signpost to support services if required.

Staff told us if families had experienced bereavement, the GP would telephone them and send them a sympathy card. The GP would offer advice on how to find a support service if required.

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 offered evening and weekend appointments to patients who could not attend during normal opening hours at one of the four satellite clinics in Sheffield.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for those patients who would benefit from them. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- Same day appointments were available for children and those with serious medical conditions.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if the vaccine was required.
- There were disabled facilities and interpreter services available.

Access to the service

The practice was open with consultations available between 8am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm. When the practice was closed between 6pm and 8am and on Thursday afternoons patients were directed to contact the Care UK service. The telephones were transferred to

Care UK daily between 1- 3pm. Results from the national GP patient survey showed that 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Staff told us patients were either offered an appointment the same day or within 48 hours. In addition the GP offered telephone advice appointments daily and pre-bookable appointments could be booked up to four weeks in advance if required.

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

- 99% of patients said they could get through easily to the surgery by phone (national average 73%).
- 84% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).

People told us on the day of the inspection they could get an appointment with the GP or nurse either the same day or the following day and we saw evidence to confirm this.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information leaflets were available in the reception area to help patients understand the complaints system.

There had been no verbal or written complaints received in the last 24 months. However, the GP told us that any comments made by patients were discussed with the team at the daily meeting to identify any areas for improvement or learning needs.

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 staff knew and understood the values.
- The practice had a 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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of a risk assessment of emergency medical equipment.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the GP told us the affected people would be given reasonable support, truthful information and an apology and a record of correspondence would be kept.

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

- Staff told us the practice held daily team update meetings and three monthly formal full team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP. All staff were involved in discussions about how to run and develop the practice and the GP 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. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The member of the PPG we spoke to told us how the practice had used members of the PPG in the recruitment and selection process when recruiting non clinical members of staff to post.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice had arranged for a non clinical member of staff to develop and attend a healthcare assistant course.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <ul style="list-style-type: none">• They had failed to identify the risks associated with the lack of medical emergency equipment. There was no defibrillator on site and no medical emergency oxygen.• Staff did not receive cardiopulmonary resuscitation (CPR) training annually as recommended by Resuscitation Council (UK) guidelines for primary care.• The practice could not provide evidence recruitment checks for the locum GP had been completed to ensure they had the qualifications, competence, skills and experience to provide safe care or treatment to patients. There was no evidence of medical indemnity, DBS check, occupational health information or registration with the professional body. <p>This was in breach of regulation 12(1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>