Oughtibridge Surgery

Quality Report

Church Street
Oughtibridge
Sheffield S35 0FW
Tel: 01142299835
Website: www.oughtibridgesurgery.co.uk

Date of inspection visit: 1 June 2016
Date of publication: 11/08/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oughtibridge Surgery on 1 June 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. Staff told us they would be made aware of procedure changes by the practice manager if it was relevant to their role.
- Most risks to patients were assessed although there were shortfalls in management monitoring and governance in some areas.For example, recruitment, health and safety and medicines management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

The areas where the provider must make improvement are:

- Implement a system to monitor and record the movement of blank prescriptions and pads within

Summary of findings

the practice as outlined in NHS Protect Prescription Security Guidance. Make secure blank prescriptions stored in the dispensary and in printers when rooms are not in use.

- Complete a risk assessment of the security of the dispensary when dispensary staff are not on duty and review who has access to the controlled drug cupboard key.
- Ensure all staff who have direct patient contact receive 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).
- Implement a risk assessment for legionella to ensure the current actions being taken are adequate to monitor the risks (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Review and monitor the fire risk assessment to ensure it is current and carry out regular fire drills.
- Complete a risk assessment of emergency medicines available to practice staff to use in a medical emergency. Review the storage of these medicines and ease of access during an emergency.
- Implement a system to ensure staff receive training updates relevant to their role. Include vaccination update training for practice nurses and competency assessment of dispensing staff and reception staff who perform second person checks when dispensing medication.
- Maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.

The areas where the provider should make improvement are:

- Monitor the ambient room temperature of the dispensary to ensure drugs are stored under 25 degrees centigrade as per national guidance.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Events were discussed with the GP partners and the practice manager. Staff told us they were not involved in the analysis but would be made aware of procedure changes by the practice manager if it was relevant to their role.
- When things went wrong patients received reasonable support, truthful information and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, there were some shortfalls in the management and monitoring processes of systems with regards to medicines management security, risk assessments and recruitment checks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff although there was no evidence cervical cytology and vaccinations update training had been reviewed for sometime. There was no evidence annual competency checks for reception staff (who performed second person checks in the dispensary) or dispensary staff had been completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice held regular meetings and had a number of policies and procedures to govern activity. However we observed they were not always following their own policies, for example, the chaperone policy.
- There were shortfalls in the governance framework and processes and a lack of management monitoring in relation to recruitment checks, risk assessments and medicines management security.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Summary of findings

- 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 sought feedback from staff and patients, which it acted on. The practice had recently commenced development of a virtual patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Good

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

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

People with long term conditions

Good

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

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

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to national averages for all standard childhood immunisations.

Summary of findings

- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 82% of women eligible for a cervical screening test had received one in the previous five years which was comparable to 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.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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 other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided medical care to most patients who resided in a nearby sheltered housing complex.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- Of those patients diagnosed with dementia, 87% had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 60% had a comprehensive care plan reviewed in the last 12 months, which is lower than the national average of 88%. The GP told us all patients were called in annually for a physical check and the care plans completed by the community mental health team were not comprehensive enough for the GPs to code as completed.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told 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.

Summary of findings

- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. There were 231 survey forms distributed and 117 forms returned. This represented 2% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 CQC comment cards which were all positive about the standard of care received. There were two comments regarding difficulty accessing appointments.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us they experienced difficulty getting through on the phone to make an appointment early morning but were happy with the care they received.

Oughtibridge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser and a Pharmacist specialist adviser.

Background to Oughtibridge Surgery

Oughtibridge Surgery is located in a purpose built health centre and accepts patients from Oughtibridge and the surrounding area in Sheffield. Public Health England data shows the practice population has a higher than average number of patients aged 40 to 85 years compared to the England average. The majority of patients registered with the practice are white British and the practice catchment area has been identified as one of the 8th least deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 5800 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It is a dispensing practice and dispenses medication to approximately 25% of the practice population living in outlying villages. It also offers a range of enhanced services such as anticoagulation monitoring, contraceptive services and childhood vaccination and immunisations.

Oughtibridge Surgery has five GP partners (three female, two male), two practice nurses, two healthcare assistants, three dispensers, a practice manager and an experienced team of reception and administration staff.

The practice is open 8am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 12.30pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered on alternate Tuesday evenings until 8pm and one Saturday morning per month 9am to 12noon. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service who will offer advice or refer to the GP Collaborative if appropriate. Patients are informed of this when they telephone the practice number.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered as the partnership with the Care Quality Commission did not reflect the GP partners at the practice. The GP partner told us applications had been submitted and this would be reviewed immediately.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff (two GPs, two practice nurses, one healthcare assistant, two dispensers and three administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.
- Spoke with the practice manager following the visit.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents who would complete a recording form. 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 were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an 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 and we were told actions were taken to improve safety. For example, following a patient being treated with a medication that was contra-indicated to the regular medication taken, appropriate tests and monitoring of the patient had been carried out.
- We were told events were discussed in the partners meeting which were minuted. Staff we spoke with told us they were not involved in the analysis but would be made aware of procedure changes by the practice manager if it was relevant to their role.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. The GPs were trained to child safeguarding level three and the practice nurses were trained to level two.
- 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 although staff we spoke with were not following procedures outlined in their own chaperone policy. There was no evidence staff who chaperoned 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) and there was no evidence a risk assessment had been completed in relation to this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and most actions identified had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal), however, there were some shortfalls in storage and security. The ambient room temperature ranges of the dispensary were not checked regularly to provide assurance that medicines were not stored above the recommended limit of 25 degrees centigrade. We observed controlled drugs were securely stored in a locked cabinet but it was noted the key was accessible to all staff. A risk assessment had not been completed to determine who should have access to the controlled drug cupboard key or the dispensary when dispensary staff were not present. Blank prescription forms and pads were securely stored, however, there was no system in place to record or monitor their use or movement within the practice. 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. The reception staff provided the second person check on dispensed medicines. Staff we spoke with had not received a formal annual competency assessment but did have a good understanding of the role. There was no evidence medicines incidents or 'near misses' were recorded for learning. However, the practice had a system in place to monitor the quality of the dispensing process and dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that required extra checks and special storage because of their potential misuse). There were some procedures in place to manage these medicines safely although there were shortfalls around monitoring access to the drug cupboard key. There were arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications and registration with the appropriate professional body. However, there was no evidence staff had received DBS checks and a risk assessment had not been completed to determine which staff required a DBS check. It was noted all staff employed had been recruited prior to the practice registering with CQC.

Monitoring risks to patients

Risks to patients were assessed although there were some shortfalls in monitoring of systems.

- There were some 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 completed a fire risk assessment in 2014. There was no evidence this had been reviewed or updated. Fire alarms were tested weekly, however, the last fire drill was carried out was documented to be in January 2014. 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, and an IPC audit. There was no formal risk assessment in place for legionella, however, the practice had put some control measures in place. For example, the practice documented flushing of taps weekly although it was not evident if the actions were appropriate or sufficient to monitor and control the risk (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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 practice which were in date. However, it was noted the emergency medicines were not stored in one location for ease of access and there were limited emergency medicines available with no evidence a risk assessment had been completed regarding which drugs to stock. The practice placed an order for the emergency drugs not in stock during the inspection.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was kept off site by the GP and practice manager. The practice manager told us a hard copy would be put in the reception office for quick and easy reference by all staff in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94.2% of the total number of points available, with 5.9% exception reporting which is 3.4% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 2.5% above the CCG and 3.7% above the national averages.
- Performance for mental health related indicators was 12.2% below the CCG and 10.7% below the national averages. There was a low number of patients who had a comprehensive care plan documented in their record at 60% which was 27.3% below the CCG average and 28.3% below the national average with 31.8% exception reporting. The GP told us all patients were called in annually for a physical check and the care plans completed by the community mental health team were not comprehensive enough for the GPs to code in their record as complete.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. We saw evidence one of these was a completed two cycled audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients on medication to regulate heart rhythm was carried out to ensure patients were being regularly monitored and were on the appropriate recommended doseage.
- 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 although it was noted that there had been no new staff appointed in the previous four years. The practice manager confirmed the induction covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence although there was no evidence staff had received a cervical cytology update since 2011. Evidence was seen following the inspection that the practice nurses had been booked onto a training course to address this. 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. However, there was no evidence staff had received any updated vaccination and immunisation 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 with the exception of vaccination training and cervical cytology updates. This included

ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months although it was noted that these had not included an annual competency assessment for dispensing staff or reception staff who performed second person checks in the dispensary.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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, 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. The practice utilised the e-referral system when referring patients to secondary care. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- To enable easier access to appointments, the practice hosted physiotherapy appointments at the practice for patients recovering from an operation or injury
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

QOF data confirmed the practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82% although it was noted the practice had low exception reporting at 1.2% which was 12.7% lower than the CCG average and 5.1% lower than the national average. There was a policy to send letter 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 92% to 100%.

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

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 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. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 98% 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 CCG average of 87% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% 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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

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

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.

The practice had identified 24 patients as carers (0.4% of the practice list). Staff we spoke to were not aware of any information or carer's packs available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had experienced bereavement the GP would offer support or advice on how to find support services if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified and contacted patients with respiratory conditions who had been hospitalised or who were poorly controlled to offer support as part of a local quality improvement scheme objective.

- The practice offered appointments to patients who could not attend during normal opening hours on alternate Tuesday evenings until 8pm and one Saturday morning per month 9am to 12 noon. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a GP triage system to offer same day appointments for children and those patients with medical problems that required same day consultation.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

The practice was open with consultations available between 8am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closed at 12.30. Extended hours appointments were offered on alternate Tuesday evenings until 8pm and one Saturday morning per month 9am to 12.30 noon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Two patients commented they had problems accessing the practice by telephone early morning.

The practice had a system in place to assess:

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

The patient's details would be added to the GPs appointment screen to be reviewed for a visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Reception staff confirmed there was written information available to help patients understand the complaints system but we could not see evidence of this at the visit.

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

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, there was evidence of systematic weaknesses in governance systems such as effective monitoring of procedures and a lack of risk assessment.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff received annual appraisals. However, there was no evidence training updates for practice nurses had been reviewed as cervical cytology and vaccination training updates had not been completed for sometime. Also there was no evidence competency assessment of dispensing staff and staff who perform second person checks in the dispensary had been completed annually.
- Practice specific policies had been developed and were available to all staff. However, we observed some of these were not being followed. For example, staff were not following procedures outlined in their own chaperone policy.
- An 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 arrangements for identifying, recording and managing some risks and implementing mitigating actions although there were shortfalls. For example, a risk assessment had not been completed to determine which staff required a DBS check and DBS checks had not been completed where this was required. There was no formal risk assessment for legionella to confirm the actions being taken were adequate to manage the risks. Fire safety had not been monitored as the fire risk assessment had not been updated for two years and there was no evidence a fire drill had been completed since January 2014. There was no system to maintain a complete record of the immunity status of clinical staff. The practice did not have a system in place to monitor and track blank prescriptions within the practice.There was no risk assessment to determine the access and security arrangements for the dispensary when dispensary staff were not present and access to the controlled drug cupboard key.

Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

Are services well-led?

Requires improvement

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

- The practice had gathered feedback from patients through surveys and complaints received and the practice had recently commenced development of a virtual patient participation group (PPG).
- The practice had gathered feedback from staff through appraisal, discussion and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice manager told us how the practice were currently developing a plan to look at ways to work with elderly patients living in local sheltered accommodation who may be socially isolated as part of a locally enhanced service.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Governance systems and processes were not established and operated effectively. This was because: • There was no system in place to monitor and track the movement of blank prescriptions and pads within the practice. • Staff who have direct patient contact had not received a Disclosure and Barring Service (DBS) check. • Staff who carried out chaperone duties had not received a DBS check and there was no risk assessment to review this. • There was evidence staff were not following practice policies. For example, the chaperone policy. • Risk assessments had not been monitored or reviewed. In particular: i. the fire risk assessment had not been reviewed or updated and no fire drills had been carried out for over two years. ii. There was no formal legionella risk assessment to confirm whether the actions being taken were adequate to monitor and control the risk. iii. There was no risk assessment to ensure the appropriate emergency drugs were easily available to staff when required. iv. There was no risk assessment for the security of the dispensary when dispensary staff were not on duty and access to the controlled drug cupboard key. • Evidence of training updates for practice nurses and competency assessments of dispensary staff was not provided.

This section is primarily information for the provider

Requirement notices

- The practice did not maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.

This was in breach of regulation 17 (1)(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.