KH Medical

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 20 October 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed with the exception of legionella and fire risk assessments.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received most of the training appropriate to their roles and any further training needs had been identified and planned.
- 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 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.

We saw two areas of outstanding practice:

- The practice manager and members of the patient participation group actively sought feedback by sitting in the waiting area talking with patients and observing their experiences. They had an active patient participation group and met quarterly to share feedback with them and actions taken as a result of the feedback, such as employing a female GP after a survey suggested this is what patients had requested.
- The practice had a high number of asylum seekers and transient patients and worked hard to provide a good service for these groups. Of those registered at the

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practice 27% did not have English as their first language. The practice worked closely with translation services and there were suggestion boxes clearly visible on both sites with feedback forms showing sad and smiley faces to include all patients whose first language is not English (there were 68 different languages spoken by patients registered at the practice). Longer appointments were made available where translation services were required.

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

Importantly the provider should:

- Ensure all staff attend/update children and adult safeguarding training as required for their role.
- Ensure staff attend infection control training as required for their role.
- Ensure annual fire risk and legionella risk assessments are completed and an action plan implemented in accordance with the findings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

• Lessons were shared to make sure action was taken to improve safety in the practice.

• When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

• The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

• Most risks to patients were assessed and well managed.

The provider should:

•Ensure all staff attend/update children and adult safeguarding training as required for their role.

•Ensure staff attend infection control training as required for their role.

•Ensure a fire risk assessment is completed and an action plan implemented in accordance with the findings.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to other practices in the area. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. With the exception of infection prevention and control and safeguarding training, staff had received training appropriate to their roles. Further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed patients rated the practice poorly for several aspects of care. However, all the patients we spoke with said they were treated

Summary of findings

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 also saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a high number of asylum seekers and transient patients and worked hard to provide a good service for these groups. There were suggestion boxes clearly visible on both sites with feedback forms showing sad and smiley faces to include all patients whose first language is not English (there were 68 different languages spoken by patients registered at the practice). There were longer appointments available for patients needing translation services.

The practice had a high incidence of depression, substance misuse, alcohol abuse and had for many years run a substance abuse / alcohol abuse clinic. The practice also employed a substance misuse nurse to review care for these patients. One of the GPs had undergone specialist training in this field.

Patients we spoke with 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. The practice offered longer appointments for people with a learning disability and a quiet place to wait could be offered. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice manager and members of the patient participation group actively sought feedback by sitting in the waiting area talking with patients and observing their experiences. There were suggestion boxes clearly visible on both sites with feedback

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forms showing sad and smiley faces to include all patients whose first language is not English (there were 68 different languages spoken by patients registered at the practice).The practice had an active patient panel and met quarterly to share feedback with them. Actions taken as a result of the feedback, such as employing a female GP after a survey, indicated the practice listened to what patients had told it.	

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. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and risk of unplanned admission. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over 75 had a named GP and all at risk patients had individual care plans.

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 unplanned 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 medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 accident and emergency attendance. These were flagged up by the clinical system and at every consultation with GP or practice nurse. Immunisation rates were similar to other practices in the CCG. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of

care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group. The extended hours service included some Saturday morning surgeries.

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 homeless people, people seeking asylum, refugees and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability and a quiet place to wait could be offered.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice had a high number of asylum seekers and transient patients and worked hard to provide a good service for these groups.

Telephone translator services were available, a hearing loop, & audio / visual check- in system.

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 people experiencing poor mental health, 95% had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. It carried out advance care planning for patients living with dementia. The practice had a high incidence of depression, substance misuse and alcohol abuse and had, for many years, run a substance abuse / alcohol abuse clinic. The practice also had employed a substance misuse nurse to review care for these patients. One of the GPs had undergone specialist training in this field.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It 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 received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 108 responses and a response rate of 26% to the survey. This represented 2% of the patient population.

- 73% found it easy to get through to this surgery by phone compared with a CCG average of 67% and a national average of 74%.
- 86% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 63% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 86%.
- 78% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 56% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.
- 54% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.
- 46% felt they didn't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were mostly positive about the standard of care received. We also spoke with two patient participation group members and 12 patients on the day of the inspection. They were all very positive about their experience of the service. Patients told us on the comment cards and in discussions that staff were helpful, polite and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy. One person said they found it difficult to get an appointment but felt that the service has improved recently.

KH Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a second inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to KH Medical

KH Medical, also known as, The Kakoty Practice, has a main surgery located in the city centre of Barnsley and a branch surgery located in Worsbrough, also known as the Kakoty practice, which was also visited as part of the inspection. The practice provides services for 6118 patients under the terms of the locally agreed NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the second most deprived areas in England. The age profile of the practice population shows a higher rate of females up to nine years old and between 25 years old to 35 years old and a higher rate of males age 25 years old to 40 years old compared to other GP practices in the Barnsley CCG area. The practice population has a high unemployment rate of 22.4% and 27% of patients registered with the practice do not have English as their first language.

There are three GPs, two male and one female, who work at the practice. They are supported by one long term locum male GP, three nurse practitioners, two female and one male, one healthcare assistant and a team of management and administrative staff.

The practice at the Sheffield Road site is open from:

- Monday 8.30am to 8.pm
- Tuesday 8.30am to 7.30pm
- Wednesday 8.30 to 7pm
- Thursday 8.30am to 4pm
- Friday 8.30am to 7pm

The Worsbrough branch is open from:

- Monday 8.30am to 7pm
- Tuedsay 8.30am to 7pm
- Wednesday 8.30am to 7pm
- Thursday 8.15am to 5pm
- Friday 8.15am to 7.30pm

Both sites have different telephone numbers and the telephones are answered from 8.15am.

The practice told us that although they closed at 5pm on a Thursday, telephone calls continued to be answered and there was an on call doctor available to deal with any emergencies.

Clinic times are variable for each GP, nurse practioners and healthcare assistant between those times.

Clinics are run by the nurse practitioners each week for patients with long term conditions and weekly mother & baby clinics are also held.

One of the Nurse Practitioners carries out telephone triage three mornings per week.

Out-of-hours care is accessed via the surgery telephone number or by calling the NHS 111 service.

KH Medical is registered to provide; diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury from Sheffield Road Surgery, 170 Sheffield Road, Barnsley S70 4NW and the Worsbrough Centre, Powell Street, Worsbrough,S70 5NZ.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Barnsley CCG and NHS England to share what they knew. We carried out an announced visit to KH Medical Sheffield Road Surgery and the branch surgery at the Worsbrough Centre on 20 October 2015.

During our visit we spoke with three GPs, two nurse practioners, the practice manager, and four members of the administrative team. We also spoke with 12 patients who used the service and reviewed seven comment cards. We spoke with members of the patient participation group. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Older people

People with long term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people living with dementia)

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. Significant events and complaints were discussed at weekly clinical meetings and staff meetings, appropriate actions were decided and taken.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient was aggressive towards a clinician, we saw this was discussed as a significant event. Evidence was seen around improving the alarm system and changing the layout of the room to protect staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice did not use the National Reporting and Learning System (NRLS) eForm to report patient safety incidents; the practice told us this would be considered.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Arrangements were in place to safeguard adults and children from abuse reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but had not received recent training relevant to their role. The practice manager told us staff had arranged the relevant training for November 2015.

A notice was displayed in the waiting room, advising 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 check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice did not have up to date fire risk assessments but since the inspection we have received confirmation that this had been carried out .Regular fire drills were carried out and all staff had fire training certificates. 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 did not have a complete assessment for legionella although there was a policy and actions were being taken to reduce the risk of legionella. Since our inspection we have received information that this has been carried out in full. Written schedules for flushing of taps were available and information on the location of taps and the frequency of flushing. This was noted in the infection control action plan following an audit by Barnsley CCG on 15 October 2015 and was being actioned.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A nurse practitioner was the infection prevention and control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. An annual infection control audit had been carried out and actions were addressed. There was an infection control protocol in place which staff understood and followed. We were told infection prevention and control training certificates were not available although staff were booked in for training updates.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits

Good

Are services safe?

were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Recruitment checks were carried out. We reviewed three files and the correct documentation was in place. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results showed the practice had achieved 88.4% of the total number of points available, with 4.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 showed;

- Performance for diabetes at 64% was below the national average of 73%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 80%.
- Performance for mental health indicators was better than the CCG and national average at 96%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The medicines management team from the CCG had carried out recent audits on antibiotic prescribing, one of the doctors had done an audit of antipsychotics, another on ACE inhibitors and renal function monitoring, and one of the nurse practitioners had undertaken an audit of triple therapy in diabetes. Improvements in practice were identified and discussed with the clinical team and action plans put in place.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received, or were booked onto, training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence multidisciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the

Good

Are services effective?

(for example, treatment is effective)

relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and substance misuse . Smoking cessation advice was available from a local support group. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 70%, which was 10% lower than the CCG average of 80% and the national average of 77%. There was a policy to send reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 95% and five year olds from 92% to 100%. Flu vaccination rates for the patients over 65 were 75%, and at risk groups 57%. These were also comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

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

- 68% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 72% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.

86% said they had confidence and trust in the last GP they saw compared to the CCG average of 85% and national average of 96%.

- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed below average responses to questions about their involvement in planning and making decisions about their care and treatment and results well below local and national averages. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Staff told us that they were working on improving these results by actively seeking the opinions of patients and taking action where required. They told us that translation services were available for patients who did not have English as a first language. 27% of patients registered with the practice did not have English as their first language. The electronic check-in screen is in several languages and longer appointments are given when translation services are required.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; 18% of the practice list had been identified as

Good

Are services caring?

carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice did not have a bereavement policy but support would be offered as appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area, for example, they ran their own substance misuse clinic and ran an anticoagulation clinic, including initiating warfarin.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- The practice offered extended opening times every day at one of the sites for working patients who could not attend during normal opening hours and some Saturday morning surgeries.
- There were longer appointments available for people with a learning disability or if translation services were required.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities (although the door to the disabled toilet was a standard door and could be difficult to access), hearing loop and translation services available.

Children and young people who had a high number of accident and emergency attendances were flagged up at the next consultation with GP or practice nurse.

Access to the service

The practice at the Sheffield Road site is open from:

• Monday 8.30am to 8.pm

• Tuesday 8.30am to 7.30pm

• Wednesday 8.30 to 7pm

• Thursday 8.30am to 4pm

• Friday 8.30am to 7pm

The Worsbrough branch is open from:

• Monday 8.30am to 7pm

• Tuedsay8.30am to 7pm

• Wednesday8.30am to 7pm

• Thursday8.15am to 5pm

• Friday8.15am to 7.30pm

Both sites had different telephone numbers and the telephones were answered from 8.15am. The practice told us that although they closed at 5pm on a Thursday, telephone calls continued to be answered and there was an on call doctor available to deal with any emergencies.

Clinic times were variable for each GP, nurse practioners and healthcare assistant between those times. Extended hours were available daily over at least one of the sites. Online booking of appointments was available and urgent appointments were available on the day.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 74%.
- 56% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%. Patients we spoke to had said this has improved over the last year.
- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found these were all satisfactorily handled and dealt with in a timely, transparent way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although there were no formal risk assessments for fire and legionella, there were policies and processes in place.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The staff told us that the partners and practice manager were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG (known as The Patient Panel) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

The practice manager and members of the patient participation group actively sought feedback by sitting in the waiting area talking with patients and observing their experiences. There were suggestion boxes clearly visible on both sites with feedback forms showing sad and smiley faces to include all patients whose first language is not English (there were 68 different languages spoken by patients registered at the practice).They had an active patient participation group and met quarterly to share feedback with them and actions taken as a result of the feedback, such as employing a female GP after a survey suggested this is what patients had requested.

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