

# Pitsmoor Surgery

## 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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Pitsmoor Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pitsmoor Surgery on 18 May 2016. 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 report incidents and near misses. Opportunities for learning from internal and external incidents were in place.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice is an Advanced Training Hub working in collaboration with Sheffield Hallam University in the training and development of student nurses. The practice is also part of a neighbourhood working pilot in conjunction with the local Intermediate Care team to improve and develop access to services for patients living in the local community.
- Feedback from patients about their care was consistently positive.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the design of the front reception area was changed to ensure patient confidentiality; disabled parking spaces were allocated and clearly marked at the front of the surgery to ensure ease of access and patients were involved in the interview and selection of new practice staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw three areas of outstanding practice including;

- The practice rate of severe mental illness is three times above the city average and in response, the practice

# Summary of findings

had been supporting a Primary Mental Health Care Project for over 20 years. This initiative provides enhanced care to patients with severe and enduring mental health needs who do not engage with other services. The project is run by staff with diverse professional backgrounds within the team who offer person centered care to improve the quality of life for people suffering with poor mental health. Individual and group work approaches are offered to these patients to reduce social isolation, increase self esteem and encourage them to participate in specific activities such as theatre trips, photography classes, singing clubs and chairbics.

- SAGE Greenfingers is a registered charity which developed in partnership with Pitsmoor surgery. It is a horticultural therapy project to improve mental health through gardening for patients with severe and enduring mental health needs. The project offers patients the time and space to unwind, the

opportunity to make new friends with organised transport and interpreters if needed. The practice has allocated five dedicated allotments for use by this group of patients.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided Roma Slovak services in direct response to the demographic needs of the local population (12% of the patient population are Slovakian). This service offers patients; weekly booked surgeries with interpreters, dedicated new patient checks each Thursday, the promotion of community events including language classes, Hepatitis B screening including contact tracing and liaison with local schools and the Multi-Agency Support Team (MAST).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The risk management policies that we witnessed were exemplary due to their clarity, coherence and robust structure.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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. Pitsmoor surgery are the highest requester of interpreter services in Sheffield due to their diverse patient population.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided Roma Slovak services in direct response to the demographic needs of the local population (12% of the patient population are Slovakian). This service offers patients; weekly booked surgeries with interpreters, dedicated new patient checks each Thursday, the promotion of community events including language classes, Hepatitis B screening including contact tracing and liaison with local schools and the Multi-Agency Support Team (MAST).
- There were innovative approaches to providing integrated patient-centred care. For example, the practice provided a well attended weekly drop in contraception and sexual health clinics during the mid afternoon and evening to encourage young people to uptake these services at a time which was suitable to them i.e. after school or college.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the design of the front reception area was changed to ensure patient confidentiality; disabled parking spaces were allocated and clearly marked at the front of the surgery to ensure ease of access and patients were involved in the interview and selection of new practice staff.
- Patients could access appointments and services in a way and at a time that suited them. For example the practice offered a daily telephone triage with access to same day appointments for all patients. There was also a daily under 16 years drop in clinic and reserved under 16 years appointments each afternoon. The practice had a telephone text reminder system for booked appointments.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



# Summary of findings

- The practice rate of severe mental illness is three times above the city average and in response, the practice had been supporting a Primary Mental Health Care Project for over 20 years. This initiative provides enhanced care to patients with severe and enduring mental health needs who do not engage with other services. The project is run by staff with diverse professional backgrounds within the team who offer person centered care to improve the quality of life for people suffering with poor mental health. Individual and group work approaches are offered to these patients to reduce social isolation, increase self esteem and encourage them to participate in specific activities such as theatre trips, photography classes, singing clubs and chairbics.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with all staff and stakeholders and was regularly reviewed and discussed across the practice team.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very engaged patient participation group which influenced practice development. For example, work had been done to develop and promote the services of the on-site pharmacist and an electronic booking system had been installed to improve access for patients.
- The practice was an Advanced Training Hub working in collaboration with Sheffield Hallam University in the training and development of student nurses.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was working in collaboration with the multidisciplinary team and the consultant geriatrician and developed advanced care plans for patients living in three local nursing homes and one residential home.

### 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.
- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, who had a blood test to measure their average blood sugar levels was 85% (CCG average, 78%; national average, 78%).
- 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

Outstanding



The practice is rated as outstanding 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 satisfactory for all standard childhood immunisations.

# Summary of findings

- 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.
- The practice offered a well attended drop in contraception and sexual health clinics during the mid afternoon and evening to encourage young people to uptake these services at a time which was suitable to them i.e. after school or college.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice has a high rate of patients under 18 years which is significantly above both the CCG and England average. In response they offered a daily under 16 years drop in clinic and reserved under 16 years appointments each afternoon.
- We saw positive examples of joint working with midwives and health visitors to promote health and well being for families and their children.

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## 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, travellers and 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.



# Summary of findings

- 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)

**Outstanding**



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

- The practice rate of severe mental illness is three times above the city average and in response, the practice had been supporting a Primary Mental Health Care Project for over 20 years. This initiative provides enhanced care to patients with severe and enduring mental health needs who do not engage with other services. The project is run by staff with diverse professional backgrounds within the team who offer person centered care to improve the quality of life for people suffering with poor mental health. Individual and group work approaches are offered to these patients to reduce social isolation, increase self esteem and encourage them to participate in specific activities such as theatre trips, photography classes, singing clubs and chairbics.
- SAGE Greenfingers is a registered charity which developed in partnership with Pitsmoor surgery. It is a horticultural therapy project to improve mental health through gardening for patients with severe and enduring mental health needs. The project offers patients the time and space to unwind, the opportunity to make new friends with organised transport and interpreters if needed. The practice has allocated five dedicated allotments for use by this group of patients.
- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89% (CCG average, 90%; national average, 88%).

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or above local and national averages. 348 survey forms were distributed and 110 were returned. This represented a response rate of 32%.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Comments stated that the practice offered an excellent service and the team were helpful, understanding and considerate.

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

# Pitsmoor Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Pitsmoor Surgery

Pitsmoor surgery is situated in Sheffield city centre. The practice provides services for 9,363 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the first most deprived areas in England. The practice population has a high rate of patients under 18 years (30%) which is significantly above the CCG and England average. Two thirds of the population are from a range of ethnic groups.

The practice has seven GP partners (six female and one male), one salaried business partner (male), two salaried GPs (one male, one female), four GP registrars (all female), two nurse practitioners (both female), one practice nurse (female) and four healthcare assistants (all female). They are supported by a team of practice management staff and an administration team.

The practice is open between 8.30am and 6pm on Monday, Tuesday, Thursday and Friday and 8.30am to 8.00pm on Wednesdays (closed between 12.30pm and 2.00pm for staff meetings and training). The practice offers daily telephone triage with access to same day appointments. There are also pre-bookable appointments through the week. Extended hours are offered on Wednesday evenings until 8pm, Friday mornings from 7.30am to 8.30am and

each Saturday morning. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 May 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, nurse practitioner, health care assistant, business manager, practice manager, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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 with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence of improved communication with a local care home and a revision of policy following a medication error.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were child and adult lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection prevention and control clinical lead (we were told that this role would be taken over by the nurse practitioner) who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and an attached medicines management pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

# Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The risk management policies that we witnessed were exemplary due to their clarity, coherence and robust structure. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.2% of the total number of points available with 9.6% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, who had a blood test to measure their average blood sugar levels was 85% (CCG average, 78%; national average, 78%).
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89% (CCG average, 90%; national average, 88%).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits

where the improvements made were implemented and monitored. We noted that the practice could identify a rolling programme of audits and re-audit to ensure quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, action taken as a result of a recent audit included the development of a range of new practice protocols and templates to improve practice communication and governance around the management of diabetes and blood taking and improve services for patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse who reviewed patients with long-term conditions had undertaken specific role training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

## (for example, treatment is effective)

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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 receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients from ethnic minority groups. Patients were signposted to the relevant service.
- Information for patients about the services available was easy to understand and accessible. Pitsmoor surgery are the highest requester of interpreter services in Sheffield due to their diverse patient population.
- Patients had access to a number of additional services on the premises such as; physiotherapy, diabetes specialist nurse, community support worker, counselling and cognitive behavioural therapy (CBT).

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 88% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 lower than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 84% and five year olds from 78% to 90%. We were told that the low uptake related to the demographics of the practice area and plans were in place to address this.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 in line or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 97% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Pitsmoor surgery are the highest requester of interpreter services in Sheffield due to their diverse patient population.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 277 patients as

carers (3% of the practice list). We witnessed special patient notes and alerts which were added to the summary record. Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had proactively 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 is part of Foundry Medical Group which consists of seven local practices, covering a patient population group of 50,000. They are also involved (alongside district nurses and pharmacists) with Housebound and Alzheimer's Society projects and a Neighbourhood working pilot to improve and develop services for patients living in the community.

- The practice offered extended hours on Wednesday evenings until 8.00pm, Friday mornings from 7.30am to 8.30pm and every Saturday from 9am to 11.30am for working patients who could not attend during normal opening hours.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice has a high rate of patients under 18 years which is significantly above both the CCG and England average. In response they offered a daily under 16 years drop in clinic and reserved under 16 years appointments each afternoon.
- 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.
- The practice had installed a lift to improve access to the consulting rooms on the upper floors of the building.
- SAGE Greenfingers is a registered charity which developed in partnership with Pitsmoor surgery. It is a horticultural therapy project to improve mental health through gardening for patients with severe and enduring mental health needs. This innovative project offers patients the time and space to unwind, the

opportunity to make new friends with organised transport and interpreters if needed. The practice has allocated five dedicated allotments for use by this group of patients.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided Roma Slovak services in direct response to the demographic needs of the local population (12% of the patient population are Slovakian). This service offers patients; weekly booked surgeries with interpreters, dedicated new patient checks each Thursday, the promotion of community events including language classes, Hepatitis B screening including contact tracing and liaison with local schools and the Multi-Agency Support Team (MAST).
- In order to respond to the high rate of patients under 18 years (which is significantly above both the CCG and England average), the practice offered weekly drop in contraception and sexual health clinics during the mid afternoon and evening to encourage young people to uptake these services at a time which is suitable to them i.e. after school or college.
- The practice rate of severe mental illness is three times above the city average and in response, the practice had been supporting a Primary Mental Health Care Project for over 20 years. This initiative provides enhanced care to patients with severe and enduring mental health needs who do not engage with other services. The project is run by staff with diverse professional backgrounds within the team who offer person centered care to improve the quality of life for people suffering with poor mental health. Individual and group work approaches are offered to these patients to reduce social isolation, increase self esteem and encourage them to participate in specific activities such as theatre trips, photography classes, singing clubs and chairbobs.

### Access to the service

The practice was open between 8.30am and 6pm on Monday, Tuesday, Thursday and Friday and 8.30am to 8.00pm on Wednesdays (closed between 12.30pm and 2.00pm for staff meetings and training). The practice offered daily telephone triage with access to same day appointments. There were also pre-bookable appointments through the week. Extended hours were



# Are services responsive to people's needs?

## (for example, to feedback?)

offered on Wednesday evenings until 8pm, Friday mornings from 7.30am to 8.30am and each Saturday morning. When the practice was closed, calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% 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.

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.

This would be done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 would be made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. posters displayed in the waiting room and a summary leaflet was available.

We looked at 24 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way using openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice website had been redesigned following a complaint from a patient that the wording was not helpful or clear.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was devised by the whole practice team who knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

Staff told us the practice held regular team meetings. These included fortnightly staff meetings, clinical educational meetings and timetabled coffee meetings each morning for clinical staff to discuss and reflect.

- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the design of the front reception area was changed to ensure patient confidentiality; disabled parking spaces were allocated and clearly marked at the front of the surgery to ensure ease of access and patients were involved in the interview and selection of new practice staff.

- The practice had gathered feedback through staff meetings, appraisals and discussion. Staff told us they

# Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice had a significant number of patients (30%) under 18 years and in response was offering daily under 16 drop in clinics, reserved under 16 appointments each afternoon and dedicated contraception and sexual health clinics at times which were suitable to younger people. Enhanced Roma Slovak services had been designed to cater for this specialised group of patients.