

Barnsley Road 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?		Good	
Are services well-led?		Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnsley Road Surgery in November 2015. The overall rating for the practice was inadequate and the practice was placed in special measures.

The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

The service was registered with us as a partnership but should have been registered as an individual. Immediate steps were taken by the provider to rectify the situation by submitting an application to deregister the service and register appropriately as an individual. During the inspection in November 2015 we identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Care Quality Commission was unable to progress enforcement action against the provider, regarding these breaches, because the provider was not correctly registered.

Following the full comprehensive inspection on 14 February 2017, I am taking this practice out of special

measures. This recognises the improvements that have been made to the quality of care provided by the practice. We will be re-inspecting the practice to make sure that these improvements are maintained.

Our key findings across all the areas we inspected on 14 February 2017 were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of individual complaints and concerns although there was no analysis of trends completed.

Summary of findings

- 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.
- Risks to patients were assessed although there were shortfalls identified with regard to oversight and monitoring of systems, processes and procedures. For example, the practice did not have a system to monitor or track blank prescriptions within the practice, there was no documentation to confirm safety alerts had been actioned, there was no system to monitor clinical staffs' registration with the professional bodies or medical indemnity cover had lapsed and there was no monitoring cleaning schedules had been completed.
- The practice had good facilities and was well equipped to treat patients and meet their needs with the exception of access between the main building and annex which required improvement for patients who may have mobility difficulties.
- There was a leadership structure and staff felt supported by management. The practice had recently developed a virtual patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement a system to monitor and track blank prescriptions within the practice as outlined in NHS protect security of prescription guidance 2013.
- Ensure oversight, monitoring and risk assessment of practice systems, procedures and processes is implemented to ensure governance systems are current and remain effective.
- Ensure oversight and monitoring medical indemnity cover is in place and is adequate to cover the scope of work undertaken by all staff at the practice.
- Document the actions taken after safety alerts are received by the practice.

The areas where the provider should make improvements are:

- Arrange for all staff to receive regular appraisals as part of the appraisal system.
- Review access between the main building and the annex.
- Review the procedure for monitoring medical fridge temperatures to ensure safe storage of vaccines.
- Review and formalise the system for recording verbal complaints.

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



- There was a system in place for reporting and recording significant events.
- Lessons from individual significant events were shared to make sure action was taken to improve safety in the practice.
- When things went wrong, the practice manager told us patients would receive reasonable support, truthful information, a written apology and be told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed although there were shortfalls with regard to the monitoring and oversight of some safety processes. For example, the practice did not have a system to monitor or track blank prescriptions within the practice, there was no documentation or record of actions taken from safety alerts, there was no evidence monitoring of daily cleaning schedules had been completed. The practice were not following actions identified in their own fire risk assessment with regard to keeping the fire exit unlocked in the annex during practice opening hours and there was no oversight registration with the professional bodies and medical indemnity cover for clinical staff had not lapsed and was adequate.

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 with the exception of the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to 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.
- Staff treated patients with kindness and respect and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- Most 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 although it was noted the outside walkway between the main building and the annex was uneven and may prove difficult for patients who were less mobile.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Although we did not see evidence complaints were used to analyse trends, learning from individual complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- There were shortfalls seen in the overarching governance framework with regard to oversight and monitoring of processes. For example, the practice did not have a system to monitor or track blank prescriptions within the practice, there was no documentation or record of actions taken from safety alerts, there was no evidence monitoring of daily cleaning schedules had been completed. The practice were not following actions identified in their own fire risk assessment with regard to keeping the fire exit unlocked in the annex when

Requires improvement



Summary of findings

the building was occupied and there was no oversight registration with the professional bodies and medical indemnity cover for clinical staff had not lapsed and was appropriate to cover the needs of the practice.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice held monthly staff meetings and had some policies and procedures to govern activity.
- The registered provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty.
- The practice had sought feedback from patients through the national friends and family test and NHS choices feedback. The practice had recently set up a virtual patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 72%, comparable to the national average of 72%.

Good



People with long term conditions

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

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

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations. The practice sent all children a birthday card with a reminder to attend for their immunisation. The nurse would telephone anyone who did not attend for their vaccination at the end of the clinic to make a further appointment. Immunisation rates for children under the age of two years ranged from 92% to 98% which was above the national expected coverage of 90%.

Good



Summary of findings

- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 83% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments at the practice on a Thursday 6.45am to 8am and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Of those patients diagnosed with dementia, 100% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%. The GP told us patients would be seen opportunistically for this review.
- Of those patients diagnosed with a mental health condition, 100% had a comprehensive care plan reviewed in the last 12 months, which is higher than the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. There were 311 survey forms distributed and 115 forms returned. This represented 4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 CQC comment cards which were all positive about the standard of care received. Patients told us staff were very helpful, caring and respectful. There were four comments made about difficulty accessing an appointment.

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.

Barnsley Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a second CQC inspector and a GP specialist adviser.

Background to Barnsley Road Surgery

Barnsley Road Surgery is located in Sheffield. The practice is based in a two storey converted house with an annex. All patient treatment areas are on the ground floor of the building, the first floor is used as office space for staff.

Public Health England data shows the practice has a comparable national average population of patients and the practice catchment area has been identified as one of the first most deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 2780 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as extended hours and childhood vaccination and immunisations.

Barnsley Road Surgery has one male GP and one female salaried GP. There is one female practice nurse and two healthcare assistants. These are supported by a practice manager and a team of experienced reception and administration staff.

The practice is open 9am to 5.45pm Monday to Friday with the exception of Thursdays when the practice closes at 12.30pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours

are offered on a Thursday morning 6.45am to 8am. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

This service was previously inspected under a different provider in November 2015 and placed in special measures. They were registered with us as a partnership but should have been registered as an individual. Immediate steps were taken by the provider to rectify the situation by submitting an application to deregister the service and register appropriately as an individual. During the inspection in November 2015 we identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Care Quality Commission was unable to progress enforcement action against the provider, regarding these breaches, because the provider was not correctly registered.

The registered provider told us the practice had received support as a practice placed in special measures from the local clinical commissioning group (CCG).

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

Detailed findings

part of our regulatory functions. The practice had been inspected in November 2015 when it was registered with care quality commission under a different provider and placed into special measures.

They were registered with us as a partnership but should have been registered as an individual. Immediate steps were taken by the provider to rectify the situation by submitting an application to deregister the service and register appropriately as an individual. During the inspection in November 2015 we identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission was unable to progress enforcement action against the provider, regarding these breaches, because the provider was not correctly registered. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the CCG and NHS England to share what they knew. We carried out an announced visit on 14 February 2017. During our visit we:

- Spoke with a range of staff (GP, practice nurse, healthcare assistant, secretary, two receptionists and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 60 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.
- Reviewed the action plan submitted by the practice following the inspection in November 2015 when the practice was placed into special measures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in November 2015, safety concerns were not consistently identified or addressed. The practice did not have an effective system to consistently report significant events. During this inspection we were shown an effective system was in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents which were added to the agenda of the monthly team meeting. The practice manager completed a form to record the discussion and actions agreed at the team meeting.
- The practice carried out an analysis of the significant events and we saw evidence that notifiable incidents under the duty of candour were reported. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were told if things went wrong with care and treatment, patients would be informed of the incident, receive reasonable support, truthful information, a written apology and be told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Although the practice did not analyse trends from significant events we saw evidence that lessons were shared and action was taken to improve safety in the practice from individual incidents. For example, the practice had updated its procedure for urgent hospital referrals to ensure the hospital had received them within the required time frame. The practice had implemented a book to record actions identified from significant events to monitor their completion. However, the log did not contain a date of entry or a date the action would be completed by. In addition, we observed some actions relating to incidents several months old that were still awaiting completion. The practice manager told us the log would be updated to include this information.

Staff told us there was a system for reviewing and taking action from patient safety alerts when they were received into the practice. However, there was no documentation or monitoring record to confirm what, or if any actions had been taken in response to the alerts.

Overview of safety systems and processes

During our previous inspection of the practice in November 2015, we found there was insufficient attention to safeguarding children and adults. The GP had not received up to date training in safeguarding children and adults and recruitment checks to ensure staff were of good character had not been obtained. We were shown during this inspection that the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three.
- 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 appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Although we saw some cleaning schedules there was no monitoring record of the daily cleaning that had taken place. The nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in

Are services safe?

place and most staff had received up to date training. An infection control audit had been undertaken and we saw evidence that actions were being 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 and disposal). Vaccines were stored in the medical fridges in accordance with legislation. However, we found that, the fridge had not been reset on several occasions and although actual temperatures had been recorded the practice did not record the minimum and maximum temperatures and the data loggers were not checked on a regular basis. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice also carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there was no system in place to track or monitor their movement within the practice. The nurse had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions. She told us she felt supported by medical staff for this extended role. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We did not see evidence of medical indemnity cover in personnel files for all clinical staff and there was no system in place to monitor if this had been renewed. The practice manager provided evidence following the inspection of the medical indemnity cover in place. This did not cover the scope of work undertaken by all staff at the practice. The GP told us immediate action had been taken to address this. Further evidence following the inspection was received to confirm medical indemnity cover was in place for all staff.

Monitoring risks to patients

We previously found that risks to patients had not been adequately assessed, for example risk assessments had not been reviewed for sometime, for example the legionella risk assessment and fire risk assessment. The practice had not carried out any fire drills and staff had not received training in fire safety. During this inspection we found risks to patients were assessed and mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had an up to date fire risk assessment in place and a fire safety policy. The practice manager told us the practice did not have a working fire alarm system in place but they had adopted a manual system by using the panic button which was on all telephones throughout the surgery. The current system for raising the alarm was not reflected in the practice's fire safety policy and the practice's fire risk assessment indicated fire exits would be unlocked when the premises were occupied although we noted the fire exit at the annex to be locked with a key. Some smoke detectors were in place and fire extinguishers were serviced annually. Staff had received annual fire training and the practice had carried out regular fire drills every six months since November 2015.
- We observed large, heavy free standing bookcases in both waiting rooms. The practice provided evidence these had been secured to the walls the day after the inspection. We also noted the cupboard containing cleaning materials was not locked and accessible to patients off of the waiting room area. The practice provided evidence following the inspection that these products were moved to an area with a locked cupboard which was not accessible to patients.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

Are services safe?

Arrangements to deal with emergencies and major incidents

During our previous inspection in November 2015 the practice did not have arrangements in place to safely manage emergencies as it did not have any oxygen on site. During this inspection we observed the practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the telephones 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our last visit in November 2015, patients' needs were not always assessed and care and treatment was not consistently delivered, in line with current legislation, standards or evidence based guidance. There was no system to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE). During this inspection the GPs and practice nurse were familiar with current best practice guidance, and assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including NICE.

- During this inspection we observed the practice had systems in place to keep all clinical staff up to date on the practice's intranet system. 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 audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.6% of the total number of points available, with 8.2% exception reporting which is 1.1% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for mental health related indicators was 6.8% above the CCG and 6.2% above the national averages.
- Performance for diabetes related indicators was 2.3% above the CCG and 3.6% above the national averages.

The practice had been identified as prescribing a high number of broad spectrum antibiotics (broad spectrum antibiotics are generally used when standard antibiotics are ineffective). The GP was aware of this and told us the practice were addressing antibiotic prescribing.

There was evidence of quality improvement including clinical audit. During our last visit in November 2015 we observed audits were not used routinely to monitor the quality of the service and practice. During this inspection we observed there had been several clinical audits completed in the last year, two of these were two cycled completed audits where the improvements made were implemented and monitored. We observed one of these audits had been prompted by a change in NICE guidance.

Findings were used by the practice to improve services. For example, an audit of patients on medication for hypothyroidism (under-activity of the thyroid gland) had been undertaken to ensure patients were receiving monitoring blood tests at the appropriate time to ensure their blood levels were within the recommended therapeutic range. The first cycle of the audit completed in January 2016 showed 80% of eligible patients had received the blood monitoring test and 83% of these were identified as being within the appropriate therapeutic range. As a result of the audit, patients who were identified as requiring repeat testing were contacted by the practice to attend for the test. Re-audit in May 2016 showed the number of patients eligible for a blood test had risen to 95% and of these 90% had a blood level within the recommended therapeutic range.

The practice participated in local audits, national benchmarking, accreditation and peer review.

Information about patients' outcomes was used to make improvements such as following receipt of a medicines safety alert the practice nurse had reviewed patients who had been started on a new medication for diabetes.

Effective staffing

During our last inspection in November 2015 not all staff had received relevant training for their role, had not received a regular appraisal and there was no system in place for nursing staff to receive clinical supervision. During this inspection it was noted that staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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 meetings, clinical supervision and facilitation and support for revalidating GPs and the practice nurse. The practice had arranged for external clinical support for the practice nurse from a neighbouring practice to support her in her prescribing role. All staff had received an appraisal within the last 12 months with the exception of the practice manager. The practice manager and GP were aware of this and told us they were in the process of arranging a date to complete this.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had an induction programme for all newly appointed staff and covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality. The practice manager told us this would be reviewed before recruiting any new staff to reflect current guidance as all staff employed had been at the practice for several years.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the e-referral system as well as paper referrals when referring patients to secondary care. Meetings took place with other health care professionals when required to discuss the care of patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83%, which was above 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

Are services effective?

(for example, treatment is effective)

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

Childhood immunisation rates for the vaccinations given was higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 94% to 100% which was above the national expected coverage of 90%. The practice sent all children a

birthday card with a reminder to book their immunisation appointment. The nurse would telephone patients who did not attend for their immunisation at the end of the clinic and arrange an appointment with them.

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

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 area to discuss their needs.

All of the 60 patient CQC comment cards we received were positive about the care received with four comments made about difficulty accessing a routine appointment. 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 four patients. 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 comparable or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 81% 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%.
- 82% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 90% of patients 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%.
- 98% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 92% 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.

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 slightly lower than local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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 CCG average of 86% and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (1.4% of the practice list). The practice had a notice board in reception displaying information on local support for carers.

Staff told us that if families had experienced bereavement, the GP would offer support and advice on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had federated with a group of local practices to review the needs of the local population and to review different ways of working including sharing services and skills.

- The practice offered appointments to patients who could not attend during normal opening hours on a Thursday morning 6.45am to 8am. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability and for those that required it.
- 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 through the GP telephone call back system.
- Patients were able to receive travel vaccinations available on the NHS and referred to a neighbouring practice for those only available privately.
- There were disabled facilities and interpreter services available.
- The practice was a two storey converted house. We were told that patients were seen on the ground floor level only or in the single story annex. We observed the walkway outside between the main building and the annex to be uneven. There was no evidence a risk assessment had been completed to review this.

Access to the service

The practice was open 9am to 5.45pm Monday to Friday with the exception of Thursdays when the practice closed at 12.30pm. The GP Collaborative provided cover when the practice was closed on a Thursday afternoon. Morning and afternoon appointments were offered daily Monday to Friday with the exception of Thursday afternoon when there were no afternoon appointments. Extended hours

were offered on a Thursday morning 6.45am to 8am. In addition to pre-bookable appointments that could be booked a few weeks in advance, urgent appointments were also available for people that needed them through the GP telephone call back system.

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

- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 94% of patients said the last appointment they got was convenience compared to the CCG average of 93% and national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them, one comment was made about limited appointments for patients outside of working hours. Of the 60 CQC comment cards received, four comments were received about difficulties accessing an appointment. We observed the next routine GP appointment to be in four working days' time.

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.

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

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs? (for example, to feedback?)

contained out of date information. However, reception staff gave us a copy of an updated version which was available on the practice's computer system, the complaints leaflets in reception were updated during our visit and the old ones disposed of.

We looked at two of the seven written complaints received in the last 12 months and found these had been handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and we noted some complaints had been further analysed as significant events

to improve the quality of care. For example, the practice's system for recording medicines prescribed by the hospital in a patient record had been reviewed and updated with staff.

Although there was no formal documentation of verbal complaints, the practice had introduced a book where verbal complaints were noted. There had been eight verbal complaints in the last 12 months.

We did not see evidence complaints and significant events were used to analyse trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

The practice had a strategy which reflected the vision and values. The GP told us the practice had recently federated with four neighbouring practices to form a medical group to look at sharing services and staff skills.

Governance arrangements

During our inspection in November 2015 we found that systems to assess, monitor and improve quality and safety of the services provided was not adequate. During this inspection we observed there had been improvement in some areas although there continued to be some shortfalls in the overarching governance framework which required improvement. There was a lack of monitoring and oversight of some governance and safety processes.

- There was no system in place to monitor registration with the professional bodies had not lapsed and whether medical indemnity cover for clinical staff was current and adequate. The practice provided evidence following the inspection of medical indemnity cover. This did not adequately cover the scope of work undertaken by all staff at the practice. The GP told us immediate action had been taken to address this. We saw further evidence following the inspection that medical indemnity cover had been updated.
- Blank prescriptions were stored securely although there was no system to monitor or track their movement within the practice. There was a cleaning schedule in place but no monitoring records of what daily cleaning had taken place.
- Some practice specific policies were implemented and were available to all staff on the computer's shared drive system although we observed these were not easy for staff to locate due to the amount of data on the system. The policies we looked at had been reviewed in the last year although we saw evidence these did not always reflect custom and practice. For example the fire safety policy stated the fire alarm system would be sounded and did not include reference to the current panic alarm system being used.
- We found old paper documents in the practice that could have been given to patients, for example, out of

date complaints leaflets were available in reception. Reception staff updated the complaints leaflet during our visit and disposed of the old versions. The practice did not have a record retention policy in place.

- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions although shortfalls were seen with regard to recording actions taken from safety alerts and actions identified on the fire risk assessment were not adhered to.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A programme of clinical audits had been developed and used to monitor quality and to make improvements. There was no evidence complaints and significant events had been used to analyse emerging trends.

Leadership and culture

On the day of inspection the lead GP told us safe, high quality and compassionate care was prioritised. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP encouraged a culture of openness and honesty. The practice manager told us if things went wrong with care and treatment:

- The practice would give affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept a record of verbal interactions as well as written correspondence. Although there was no formal documentation of verbal complaints, the practice had introduced a book where verbal complaints were noted.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GP and the practice manager in the practice. All staff

Are services well-led?

Requires improvement 

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

were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff. It had sought patients' feedback through the national friends and family survey and NHS Choices website.

- The practice had recently set up a virtual patient participation group (PPG). Members of the group we spoke with during the inspection told us they welcomed the opportunity to work with the practice to improve services and would consider attending a face to face group in the future.

- The practice did not have a website. There was a patient leaflet available in reception.
- The practice had gathered feedback from staff through staff appraisal and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was piloting a referral system locally to ensure referrals were being directed to the appropriate speciality.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There was a lack of oversight and monitoring of governance process and the provider did not continually evaluate and seek to improve these. This is because:</p> <p>Oversight and monitoring of practice systems, procedures and processes was not implemented well enough to ensure governance systems were current and effective. The practice responded to the issues pointed out during the inspection and submitted updated evidence to us. However these issues should have been dealt with more proactively and been under regular review.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>