Carterknowle and Dore Medical Practice

Quality Report

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Date of inspection visit: 21 September 2016
Date of publication: 28/11/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carterknowle and Dore Medical Practice on 21 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 complaints and concerns.
- Patients said they were able to make a routine appointment with a named GP if they were willing to wait although urgent appointments were available the same day through the telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had arranged, independent to the locally commissioned service, an extra collection of pathology samples from the practice to the laboratory at the end of the day. This meant the practice could offer late afternoon appointments for blood tests to patients who were not able to attend during the day.

The areas where the provider should make improvement are:

Summary of findings

- Ensure staff who perform chaperone duties follow the practice's own chaperone policy with regards to recording the event.
- Improve the security arrangements for the clinical waste storage bins stored outside the practice.
- Consider how to promote to patients that there is a private area available should they wish to discuss confidential issues away from the front desk and review ways to reduce hearing what is being said at the reception desk in the waiting room.
- Review and develop an action plan to address low satisfaction scores identified on the latest national patient survey with regard to access.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were 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 well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above 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?

Good

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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make a routine appointment with a named GP if they were willing to wait although urgent appointments were available the same day through the telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 offered an annual review and three monthly telephone reviews to patients who had been identified as being at risk of a hospital admission. The practice had also utilised an activation tool to measure patients' skills, confidence and knowledge of managing their own health.
- The practice was responsive to the needs of older people, and offered home visits by the GPs, nurses and healthcare assistants as required. Urgent appointments for those with enhanced needs were available through the telephone triage system.
- The practice provided medical care and weekly routine GP visits to patients who resided in three local care homes.
- The practice had developed a 'fridge sheet' of emergency contact telephone numbers to use in the event of an emergency. This covered incidences relating to health, safety issues and concerns, legal and financial contacts. The practice had also implemented with the support of their PPG a leaflet detailing local activities, lunch clubs and support groups to aid isolation and potential loneliness. These were given to patients as part of their care planning review appointment.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 80%, higher than the national average of 73%.

People with long term conditions

Good

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

- Nursing staff had lead roles in 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. The practice had developed a recall system to fall on the patient's birthday month, to include an appointment with the

Summary of findings

healthcare assistant, practice nurse and GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 92% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice held bi-monthly safeguarding meetings with health visitors at the practice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments two evenings a week. Tuesday evening until 8.30pm at the main site and Wednesday evening until 8.45pm at the branch site. The practice also offered weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, the practice offered GP telephone consultations and an on-line consultation appointment service where patients could email the practice for non urgent advice and receive a response the same day.

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- The practice utilised a social media site to keep patients up to date with what was new at the practice. For example, the seasonal flu appointment campaign.
- The practice had arranged, independent to the locally commissioned service, an extra collection of pathology samples from the practice to the laboratory at the end of the day. This meant the practice could offer late afternoon appointments for blood tests to patients who were not able to attend during the day.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and used easy to read pictoral appointment letters to send to patients with learning disabilities about their appointment.
- 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.
- The practice is registered as a place of safety under the Sheffield Safe Places Scheme and displayed a sign in the window regarding this. Staff told us patients seeking help would be offered a drink and the use of a telephone to ring support services.
- The practice had developed a 'fridge sheet' of emergency contacts and the telephone numbers of local support services. This was given to patients as part of their care planning review appointment.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- Of those patients diagnosed with dementia, 86% had received a face to face review of their care in the last 12 months, which is comparable to the national average of 84%.
- Of those patients diagnosed with a mental health condition, 89% had a comprehensive care plan reviewed in the last 12 months, which is comparable to the national average of 90%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised 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.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2016 showed the practice was performing mostly in line with local and national averages. There were 220 survey forms distributed and 114 forms returned. This represented 1% of the practice's patient list.

- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 61% 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%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 CQC comment cards which were positive about the standard of care received. Patients commented they were treated with dignity and respect and staff were helpful and caring. There were comments made about the length of wait for a routine appointment and about the lack of privacy at the reception desk. The practice manager told us there was a room available if patients wished to discuss confidential issues away from the desk and the telephones were answered in the back office.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There were comments made about the length of wait for a routine appointment but patients said they could get an appointment through the triage system if their problem was urgent.

Carterknowle and Dore Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser and an expert by experience.

Background to Carterknowle and Dore Medical Practice

Carterknowle and Dore Medical Practice has a purpose built branch site at Dore which is three miles from the main site which is a converted victorian house in the S7 district of Sheffield. The practice accepts patients from Abbeydale, Millhouses, Ecclesall, Dore, Whirlow, Totley and Bradway and part of Woodseats. Public Health England data shows the practice population has a higher than average number of patients aged over 40 years old compared to the England average and the catchment area has been identified as one of the 10th least deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 12420 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, anticoagulation monitoring and childhood vaccination and immunisations.

Carterknowle and Dore have four GP partners (one female, three male), three salaried GPs (one male, two female), two female nurse practitioners, three practice nurses, three healthcare assistants, two healthcare assistant apprentices, two practice managers and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students and physician associates.

The practice and branch site are open 8.30am to 5.30pm Monday to Friday with the exception of Thursdays when the practice closes at 12.30pm. The Sheffield GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered on a Tuesday evening until 8.30pm at the main site and on a Wednesday evening until 8.45pm at the branch site. Morning and afternoon appointments are offered daily Monday to Friday at both sites 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.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the regulated activities the practice were undertaking did not reflect the registration. The GP told us this would be reviewed immediately.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 21 September 2016. During our visit we:

- Spoke with a range of staff (two GP partners, medicines management pharmacist, nurse practitioner, practice nurse, healthcare assistant, six reception and administration staff and the practice manager) and spoke with 10 patients who used the service including a member of the patient participation group (PPG).
- Observed interactions with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 28 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

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

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

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

Good

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 computer system which 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 significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident the practice recognised that access to the emergency equipment could be improved. This was reviewed and all staff were informed of where to access it. It was noted at a subsequent incident when the emergency equipment was required that it was accessed more easily. We could not see evidence that the safety alerts were discussed at meetings although we observed the safety alerts had been actioned. The GP told us this was done informally but would be added as a standard agenda item on the clinical meetings with the significant events to maintain a record of the actions taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs and nurses 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. Clinical staff 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). Reception staff who performed chaperone duties had not received a DBS check. However, the practice provided evidence following the inspection that a risk assessment was in place. This was last reviewed in July 2016. The practice manager also provided evidence that DBS checks had been applied for following the inspection. The practice had a chaperone policy. Staff we spoke to had a clear understanding of their role. However, staff were not following the policy with regards to who was responsible for recording the event.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an 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 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 and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They told us they felt supported by 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 prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments for both sites and carried out regular checks on the fire alarm system at the main site and carried out regular fire drills at both sites. Staff we spoke to at the branch were aware of the shouted warning system. The practice had arranged following the fire risk assessment in July for the fire service to review the fire warning system at the branch site to ensure it was adequate. This was arranged for October 2016. 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). On the day of inspection we observed the clinical waste bins stored outside at both sites awaiting collection were locked but not secured. The practice manager told us these would be secured to a fixture immediately to ensure the bins could not be removed from site.
- 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 at the main site and in the reception area of the branch site.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks available at both premises.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Although the practice had minimal practice specific protocols regarding clinical processes, staff had access to some practice clinical policies, the local CCG guidelines and NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96.1% of the total number of points available, with 4.9% exception reporting which is 4.4% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for mental health related indicators was 3.5% above the CCG and 5% above the national averages.
- Performance for diabetes related indicators was 6.1% below the CCG and 4.9% below the national averages.

It was noted the practice had a low prevelance of chronic obstructive pulmonary disease (a respiratory condition) compared to the CCG averge. The GP told us this was due to the demographics of the practice.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients taking medication for rheumatoid arthritis was completed to ensure patients were receiving the appropriate blood monitoring tests at correct intervals.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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. The practice had utilised the 360 degree appraisal system (a process which allows your peers and other people you work with to evaluate you as well as your direct supervisor). Staff we spoke with told us they had found this useful. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.

Good

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. It was noted the practice did not have a system to monitor whether patients had attended for their blood tests. The GP told us this would be reviewed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the e-referral system when referring patients to secondary care. Meetings took place with other health care professionals on a bi-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 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 92%, which was above the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and it was noted the practice had a high uptake for these. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 93% to 98%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 28 patient CQC comment cards we received were positive about the care received. There were comments made about the length of wait for a routine appointment and two about the lack of privacy at the reception desk. The practice manager told us there was a room available if patients wished to discuss confidential issues away from the desk and the telephones were answered in the back office. Patients said on the comment cards that they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including one member 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practice 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%.
- 86% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 94% 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%.
- 84% 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%.
- 88% 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%.
- 83% 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 most patients said they 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 mostly in line with local and national averages. For example:

- 90% 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%.
- 81% 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%.
- 81% 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.
- Information leaflets were available in easy read format.

Good

Are services caring?

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. 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 187 patients as carers (1.5% of the practice list). The practice had a dedicated notice board for carer's in the waiting room which included information on how to register as a carer with the practice and information regarding local social activities and contact telephone numbers for carer's who required advice or emotional support. There was also a copy of the Sheffield Carer's newsletter available in reception at both sites.

Staff told us that if families had experienced bereavement, their usual GP would contact them if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evening at the main site and Wednesday evening at the branch site. 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 the practice used easy to read pictoral appointment letters to send to patients with learning disabilities about their appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided medical care and weekly routine GP visits to patients who resided in three local care homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the telephone triage system.
- The practice had arranged, independent to the locally commissioned service, an extra collection of pathology samples from the practice to the laboratory at the end of the day. This meant the practice could offer late afternoon appointments for blood tests to patients who were not able to attend during the day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice had developed a 'fridge sheet' of emergency contacts and the telephone numbers of local support services. This was given to patients as part of their care planning review appointment.
- The practice had implemented a leaflet detailing local activities, lunch clubs and support groups which were given to elderly patients at their care planning review appointment to aid isolation and potential loneliness.
- The practice is registered as a place of safety under the Sheffield Safe Places Scheme and displayed a sign in the window regarding this. Staff told us patients seeking help would be offered a drink and the use of a telephone to ring support services.
- The practice was on two levels and did not have a lift. However, the practice manager confirmed all patients could be seen in consulting rooms on the ground floor if they were unable to manage the stairs. There were disabled facilities and interpreter services available.

Access to the service

- The practice and branch site were open 8.30am to 5.30pm 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. Extended hours were offered on a Tuesday evening until 8.30pm at the main site and on a Wednesday evening until 8.45pm at the branch site. Morning and afternoon appointments were offered daily Monday to Friday at both sites with the exception of Thursday afternoon when there were no afternoon appointments.
- The practice offered a telephone triage appointment system and were able to offer urgent same day appointments when needed. We observed systems were in place to support non clinical staff who had received training to perform this role. For example, there was a comprehensive flowchart and template on the practice computer system. The nurse practitioner was also in the office area with the receptionists to offer guidance and there was a duty doctor for each day on site. In addition to the telephone triage system, pre-bookable appointments could be booked up to one month in advance and the GPs offered telephone consultations when requested . The practice were also piloting an on-line consultation appointment service where patients could email the practice for non urgent advice and receive a response the same day.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were slightly lower than local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 61% 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%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them through the telephone triage system although there could be a wait for a routine appointment. We observed the next routine GP appointment to be in seven 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.

The receptionist would put all home visit requests onto the duty doctor's appointment screen for the GP to review. 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 an information leaflet was available to help patients understand the complaints system in reception.

We looked at two of the 30 verbal and 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 complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had reviewed its procedure for checking the prescription request box to ensure patients' requests for prescriptions were not delayed.

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 had been developed with the practice and the patient participation group. This was available on the practice website and in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recently developed a neighbourhood working scheme and had collaborated with two local practices to share resources, workforce, ideas and develop services. For example, a joint clinical coding team had been set up to improve consistency and quality of information being added to patient records from hospital correspondence.

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 available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. However, we noted the regulated activities the practice were undertaking did not reflect the regulated activities the practice was registered with CQC for.
- The practice carried out clinical and internal audits which were 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 ensured 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 which were recorded.
- 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. We noted a team away day was arranged for October to look at customer services.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff we spoke to told us they felt part of a team and 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 regularly and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, a 'whats new' notice board had been installed in reception to keep patients up to date with current events. The PPG had been involved in creating a leaflet on local groups, clubs and activities to aid social inclusion and were looking to develop a steering group for patients living in later life to offer medical education sessions and useful updates, for example, basic life support training.

- The practice also used a social media site to keep patients' up to date with the latest news and events, for example the flu clinic times.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 were training two healthcare assistant apprentices.