

Dr Richard Benn

Quality Report

Greystones Medical Centre
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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?

Requires improvement 

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 Dr Richard Benn's practice, known as Greystones Medical Centre on 4 May 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 managed although there were some shortfalls in relation to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an

Summary of findings

appointment with the local chaplain who came into the practice and could offer confidential support and signposting to resources and local support groups if appropriate.

The areas where the provider must make improvement are:

- Ensure staff employed are of good character by obtaining satisfactory evidence of conduct in previous employment, for example, references, obtain proof of identity and ensure the appropriate checks through the Disclosure and Barring Service (DBS) are obtained for all staff who work at the practice including locum GPs.

The areas where the provider should make improvement are:

- The practice should implement a system to check the expiry date of emergency drugs kept in the doctor's bag.

- The practice should implement a system to monitor the movement of blank prescriptions within the practice.
- The practice should keep a record of induction for new employees to be assured introduction to practice systems and processes was completed.
- The practice should review the floor coverings in clinical areas to ensure infection control standards can be maintained.
- The practice should ensure all staff receive safeguarding children training relevant to their role as outlined in the Intercollegiate Document for Healthcare Staff (March 2014).
- The practice should keep a record of clinical meetings to ensure there is a record of actions agreed.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there was a shortfall in recruitment checks and there was no system to monitor the movement of blank prescriptions within the practice. There was no system to monitor the drugs in the doctors bag and the flooring in the nurses room was not consistent with infection control guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 most staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an appointment with the local chaplain who came into the practice and could offer confidential support and signposting to resources and local support groups if appropriate.
- Information about how to complain was available in the practice leaflet and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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 this.
- 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, although clinical meetings were informal and not recorded.

Good



Summary of findings

- 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 with the exception of recruitment checks, documentation of induction training and monitoring all staff were trained in safeguarding children as specified in the intercollegiate document for Healthcare Staff March 2014.
- The registered provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 (PPG) 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 81%, higher than the national average of 73%.

Good



People with long term conditions

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

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

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. Childhood immunisation rates were above national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- We received several positive comments on the CQC comment cards specifically regarding the care of children and families, 'how thoroughly and sensitively the practice dealt with children' and 'the practice offered appointments for their child

Good



Summary of findings

even when the clinic was full'. One patient commented 'their children always felt safe and have found going to the doctors a very positive experience'. Another patient said 'she was provided with excellent, timely care whilst pregnant'.

- Data showed 96% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- All children were offered a same day appointment or GP telephone consultation.
- 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 evening appointments at the practice on a Tuesday and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 multidisciplinary teams in the case management of vulnerable people.
- The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an appointment with a local chaplain who came into the practice and could offer confidential support and signposting to resources and local support groups if appropriate.

Good



Summary of findings

- 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.

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 living with dementia).

- Of those patients diagnosed with dementia, 100% had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 94% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice hosted the Memory Clinic for patients of the practice and other local practices.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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) to support patients' needs. The practice also hosted a private counselling service.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages in most areas. There were 258 survey forms distributed and 112 forms were returned. This represented 3.3% of the practice's patient list at that time.

- 92% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received.

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

All feedback we received was complimentary about the practice and all staff.

Areas for improvement

Action the service **MUST** take to improve

Ensure staff employed are of good character by obtaining satisfactory evidence of conduct in previous employment, for example, references, obtain proof of identity and ensure the appropriate checks through the Disclosure and Barring Service (DBS) are obtained for all staff who work at the practice including locum GPs.

Action the service **SHOULD** take to improve

- The practice should implement a system to check the expiry date of emergency drugs kept in the doctor's bag.

- The practice should implement a system to monitor the movement of blank prescriptions within the practice.
- The practice should keep a record of induction for new employees to be assured introduction to practice systems and processes was completed.
- The practice should review the floor coverings in clinical areas to ensure infection control standards can be maintained.
- The practice should ensure all staff receive safeguarding children training relevant to their role as outlined in the Intercollegiate Document for Healthcare Staff (March 2014).

Dr Richard Benn

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Richard Benn

Dr Richard Benn is located in Greystones Medical Centre, a purpose built health centre in Greystones, Sheffield and accepts patients from Greystones and the surrounding area. The practice catchment area has been identified as one of the tenth least deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 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.

The practice has one male GP partner, two female locum GPs, one female practice nurse, one female healthcare assistant, practice manager and an experienced team of reception and administration staff.

The practice is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon and opens at 7.30am on Mondays. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered on a Monday morning 7.30am to 8am and Tuesday evening

6.30pm to 7.30pm. 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, between 12 and 2pm at lunchtime. Patients are informed of this when they telephone the practice number.

The practice is registered to provide the following regulated activities; treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and surgical procedures.

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 4 May 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GP, locum GP, practice nurse, healthcare assistant, three receptionists, one administrator and the 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 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the cold chain policy for vaccines stored in the medical fridge had been updated.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. The GP 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 relevant to their role with the exception of the healthcare assistant who had received safeguarding adult training but had not completed safeguarding children training as specified in the Intercollegiate Document for Healthcare Staff (March 2014) as a requirement for all staff working in a healthcare environment. The practice manager provided evidence training was completed two days after the inspection. The GP was trained to safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All reception staff who acted as chaperones were trained for the role and Disclosure and Barring Service (DBS) checks had been completed (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. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC team to keep up to date with best practice. There was an IPC protocol in place. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. It was noted there was carpet flooring in three of the consulting rooms. The practice nurse used one of the rooms to carry out treatment room duties. The carpet in this room was stained, however, the practice manager provided evidence the carpets had been steam cleaned and further evidence following the visit of a date for replacement of the carpet with seamless, smooth, slip resistant and easily cleanable and appropriately wear resistant flooring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and storing). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. There was no system in place to monitor their movement within the practice. The GP told us this would be implemented. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed three recruitment files and found some checks for staff employed since the practice registered with the CQC had been undertaken prior to employment. For example, CV, qualifications,

Are services safe?

registration with the appropriate professional body. There were no references documented in the file or evidence conduct in previous employment had been sought for two new members of staff. The practice manager told us one verbal reference had been sought for one member of staff but this was not documented. There was no proof of identity kept in the files. The practice used two regular locum GPs and we saw evidence registration checks with the professional body and evidence of their medical insurance indemnity had been obtained. There was no evidence a DBS check for the practice had been obtained.

- There were 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.

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 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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.

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 and separate panic buttons 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 an adult mask. There was no children's mask available. The GP confirmed this would be put in place. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The GP had some emergency medicines in the doctors bag. There was no schedule in place to check the expiry date of these drugs. The GP told us this would be added to the emergency drugs checklist to be monitored.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 99.2% of the total number of points available, with 12.7% exception reporting which was 3.4% above the CCG average. The GP told us this was due to the practice prevalence being low. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 7.8% above the CCG and 9% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2.2% above the national averages.
- Performance for mental health related indicators was 5.7% above the CCG and 7.2% above national averages.

Clinical audits demonstrated quality improvement.

- There had been several two cycle clinical audits completed in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit to exclude uncommon conditions in patients with back pain had been completed and the practice had implemented regular blood tests to monitor underlying uncommon conditions.
- 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 manager told us informal induction for new staff was carried out. There was no documented record of this or of what topics the induction had covered. However, new staff we spoke to told us they had been shown around the practice and had been allocated a mentor to shadow when they started. Both staff we spoke to demonstrated a knowledge of the systems, policies and processes in place such 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 GP told us the clinical staff met informally as they were such a small team and meetings were not recorded. The practice manager told us notes of these meetings would be taken to ensure there was a record of any actions agreed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, coaching and mentoring, clinical supervision and

Are services effective?

(for example, treatment is effective)

facilitation and support for revalidating the GP and practice nurse. All staff had received an appraisal within the last 12 months with the exception of the practice manager. Following the inspection the practice manager provided evidence that their appraisal process had been started.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multidisciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included 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 then signposted to the relevant service.
- To enable easier access to appointments, the practice hosted the memory clinic for patients of the practice and other local practices in the area.

The practice's uptake for the cervical screening programme was 96%, which was higher than the national average of 82%. 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 bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.6% to 100% and five year olds from 93% to 100%.

Flu vaccination rates for the over 65s were 80.8% which was above the national average of 73% and at risk groups 43.56% which was lower than the national average of 53.22%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow ups 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 51 patient Care Quality Commission comment cards we received were very positive about the service experienced from all members of the practice team. Patients said they felt the practice offered an exceptional and excellent service and staff were helpful, caring, friendly and treated them with dignity and respect. Patients commented they 'would highly recommend the service', 'five star service' and 'love the old fashioned family doctor feel we receive'.

Many patients had commented on the care their children had received, how 'thoroughly and sensitively they dealt with children' and 'offered appointments for them even when the clinic was full'. One patient commented 'their children always felt safe and have found going to the doctors a very positive experience'. Another patient said 'she was provided with excellent, timely care whilst pregnant' and 'I trust the medical team with caring for my whole family'.

We spoke with nine patients including four members of the patient participation group. They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected and they felt listened to.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG and national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the CQC 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 comparable to local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs and staff if a patient was also a carer. One of the reception staff had been trained to be a Carer's carer which she told us gave

her an awareness of the needs of this group of patients. The practice had identified 25 patients as carers. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement the practice would send a sympathy card from the whole practice team and the GP would offer additional support and advice if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evening 6.30pm to 7.30pm and Monday morning 7.30am 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.
- Home visits were available for those patients who would benefit from them. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- Same day appointments were available for children and those with serious medical conditions.
- The practice displayed posters in the patient toilets on sensitive issues. For example, domestic violence.
- The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an appointment at the practice with the local chaplain who could offer confidential support and signposting to resources and local support groups if appropriate for patients of any or no faith.
- 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 hosted the memory clinic for patients of the practice and other local practices.

- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if this vaccine was required.
- There were disabled facilities and interpreter services available.
- All the consulting rooms were located on the ground floor. Staff offices only were located on the lower ground level.

Access to the service

The practice was open with consultations available between 8.30am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12 noon and Monday mornings when the practice opened at 7.30am. Extended hours were offered 6.30pm to 7.30pm Tuesday evenings and 7.30am to 8am Monday mornings. In addition to pre-bookable appointments that could be booked several weeks in advance, urgent appointments were also available for people that needed them. The practice offered a drop in clinic on a Monday and Friday morning. All patients who arrived before 10am would be seen that day. Any patient who required an urgent appointment after 10am would be put on the triage call back list for the GP to ring back the same day if there were no appointments available.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 92% of patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 85% of patients said the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment (CCG average 83%, national average 85%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

- 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 information was available in the practice leaflet available from reception to help patients understand the complaints system.

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

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. It had a clear business plan which reflected the vision and values which was regularly monitored. The practice had recently had an influx of approximately 300 new patients in the previous few months due to the closure of a local practice. The practice had reviewed the needs of the practice population and had made adjustments accordingly by recruiting new staff.

Governance arrangements

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

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

Leadership and culture

The GP and the practice manager had the experience, capacity and capability to run the practice. The GP prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us the GP and the practice manager were approachable and always took the time to listen to all members of staff.

The registered provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for highlighting notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and an apology.
- They 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 weekly administration team meetings which were recorded and regular informal clinical team meetings which were not documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP partner and the practice manager. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged 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 patient participation group (PPG) was a newly formed virtual group. The members of the group we spoke to were extremely positive about how the group was developing in the short space of time it had been formed. The group told us how the practice had consulted with them regarding whether the implementation of a TV screen in the waiting room displaying health promotion would be intrusive or welcomed.
- The practice had gathered feedback from staff through regular 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.

Continuous improvement

Are services well-led?

Good 

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

The practice team was part of local pilot schemes to improve outcomes for patients in the area. There was a

strong focus on continuous learning and improvement at all levels within the practice. For example, the practice was looking at a healthcare assistant course as a development opportunity for one of the receptionists.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed. This was because:</p> <ul style="list-style-type: none">• They had not sought references or obtained satisfactory evidence of conduct in previous employment for staff employed since the practice registered with CQC.• There was no proof of identity in the recruitment files.• The appropriate checks through the Disclosure and Barring Service had not been obtained for locum GPs who worked at the practice. <p>This was in breach of regulation 19(1)(a)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>