

Woodhouse Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodhouse Medical Centre on 30 August 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 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 provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had embraced a number of innovative approaches to providing integrated patient-centred care. For example they hosted a Health Trainer and encouraged patients to participate in the 'Move More' Olympic Legacy programme to increase physical

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activity. The practice also worked collaboratively with a local District Forum around a 'Keeping People Well' public health agenda which forms part of the local authorities work in Active Support and Recovery.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective and well embedded 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 clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had shared their learning around the management of safeguarding with NHS Sheffield CCG to promote best practice across the city.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- One of the GP partners was a member of NHS Sheffield CCG Governing Body and was actively involved in the commissioning of services which had a positive impact in the development of patient centered care pathways for all patient groups.

Are services caring?

The practice is rated as good for providing caring services.

Good



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- One of the GP partners worked as Clinical Director/Caldicott Guardian at NHS Sheffield CCG. This had a positive benefit for patients with regard to sharing information across agencies to develop good practice across the city.
- 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.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, one of the GP partners was working on the National Diabetes Prevention Programme through his role as Clinical Director at NHS Sheffield CCG. This role had a positive benefit for the development of patient centered care pathways for those patients at risk of developing diabetes.
- There were innovative approaches to providing integrated patient-centred care. For example the practice hosted a Health Trainer and actively encouraged their patients to participate in the 'Move More' Olympic Legacy programme to increase physical activity. The practice also worked collaboratively with a local District Forum around a 'Keeping People Well' public health agenda which forms part of the local authorities work in Active Support and Recovery.
- The practice Patient Forum has over 140 members and included young carers. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback. For example, changes had been made to improve the telephone system to improve patient access; reception opening hours have been adjusted to ensure that patients are not kept waiting outside the premises prior to their appointment time and measures have been taken to improve confidentiality in the reception area.
- Patients could access services in a way and at a time that suited them, for example routine appointments were supplemented by an on-call GP service whereby patients could seek the advice of a GP on the day if they felt their issue could not wait until the

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next available appointment. In addition, the practice was a pilot site to host Pulmonary Education sessions for patients with COPD (Chronic Obstructive Pulmonary Disease) to save patients travelling to the local hospital to access this service.

- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, IAPT (Improving Access to Psychological Therapies) services are now offered in Woodhouse Village to enable patients to access this service locally rather than travelling to Sheffield City centre.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

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 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 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 (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Practice staff held lead roles at NHS Sheffield CCG for example, Governing Body GP, Clinical Director and Caldicott Guardian and Locality Manager to ensure patient services reflect local need.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- One of the GP partners was Clinical Director at NHS Sheffield CCG for Active Ageing, Long Term Conditions, Cancer and End of Life Care and was actively involved in understanding the needs of older patients. This added benefits to their local population of older people by ensuring that their needs were met.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification in the preceding 12 months was 89%; CCG and national average, 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 96%, which was higher than the CCG average of 89% and 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.

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 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of patients who may be vulnerable.
- The practice informed patients whose circumstances may make them vulnerable about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- Risks to patients were assessed and well managed and the practice had shared their learning around the management of safeguarding with NHS Sheffield CCG to promote best practice across the city.
- Practice staff had attended a Young Carers Event at a local school and had set up a Young Carers Group within their Patient Participation Online Forum, and made clear two points of contact within the practice for Young Carers.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 86% and the national average of 84%
- Performance for mental health related indicators was similar to the CCG and the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92%; CCG average, 90%, and national average, 88%.
- The practice regularly worked with multi-disciplinary 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 living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and subsequently in July 2016. The results showed the practice was performing below local and national averages. 294 survey forms were distributed and 120 were returned. This represented a response rate of 40% compared to a national response rate of 38%.

On the day of inspection we noted there had been an improvement on the January 2016 figures for GP consultations and patient satisfaction as the July 2016 figures below identify. For example:

- 42% of patients (an 8% improvement) found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 83% of patients were (a 27% improvement) able to get an appointment to see or speak to someone the last time they tried which was the same as the CCG average and comparable to the national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 64% of patients (a 5% improvement) 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 the national average of 78%

On the day of inspection we noted that the practice was aware of this data and their progress against the GP patient survey data had been discussed at practice meetings. A number of changes had been implemented to improve and monitor patient access. For example, a new telephone system had been installed and the patient participation group had been consulted about additional ways to address this issue.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients described the service as excellent and delivered by professional, kind and helpful staff.

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

Woodhouse Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Woodhouse Health Centre

Woodhouse Medical Centre is situated in Sheffield city centre. The practice provides services for 12,500 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is similar to other GP practices in the NHS Sheffield Clinical Commissioning Group (CCG) area although has a relatively high population of older people.

The practice has six GP partners, two male and four female; two GP associates, one female and one male; four practice nurses and five healthcare assistants. They are supported by a team of practice management staff and an administration team. The practice is open between 8am and 6pm Monday to Friday. Appointments with staff are available at various times throughout the day. Extended hours are offered on Monday and Thursday mornings from 7am, every Tuesday evening until 7pm and one Saturday morning each month. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 August 2016. During our visit we:

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

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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a number of practice policies and protocols had been amended and communicated across the team following a reported incident relating to a prescribing error.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to safeguarding children level three.

- The practice had shared their learning around the management of a recent safeguarding issue with Sheffield CCG to promote best practice across the city. For example, all hospital DNAs of children were discussed at the six weekly safeguarding meeting following a serious case review where the practice had highlighted numerous DNAs as a significant feature. In addition the practice system for enabling all clinical staff to access safeguarding information was comprehensive and clear for all staff.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Two of the practice nurses shared the infection prevention and control clinical lead and liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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. Four of the practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. All of the practice nurse

Are services safe?

prescribers had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice 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, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- One of the GP partners was a member of NHS Sheffield CCG Governing Body and was actively involved in the commissioning of services for all patients in Sheffield and this had a positive impact for on the development of patient centered care pathways for all patient groups.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available with 7.2% exception reporting which is 2.1 percentage points below the CCG and national averages. (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 2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification in the preceding 12 months was 89%; CCG average, 88% and national average, 88%.
- Performance for mental health related indicators was similar to the CCG and the national average. For example, the percentage of patients with schizophrenia,

bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92%; CCG average, 90%, and national average, 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight medication audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and the team were research active.

Findings were used by the practice to improve services. For example, a recent audit was chosen due to the potential for patients to become dependent on Diazepam (a drug used to relieve anxiety). The practice devised a plan to improve safety for this group of patients through the development of a patient information leaflet which outlined the dangers of patient dependency due to long-term use of the medication.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured updating for relevant staff. For example, one of the practice nurses who reviewed patients with long-term conditions had undertaken degree level training in the management of long term conditions at the local University.
- 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

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- The practice had a higher than the local CCG average number of older people within its population. One of the GP partners was the Clinical Director at NHS Sheffield CCG for Active Ageing, Long Term Conditions, Cancer and End of Life Care. This enabled the practice to have active involvement in understanding the needs of older patients and ensuring their needs are met.

The practice's uptake for the cervical screening programme was 96%, which was higher than the CCG average of 89% and 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 ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 96% and five year olds from 94% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line or just below for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 97%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average and in line with the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients sometimes responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.

On the day of inspection we the practice told us they aware of this data and were working with the PPG to address issues of concern.

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

- Staff told us that translator services were available for a small number of patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 136 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Practice staff had attended a young carers event at a local school and had set up a Young

Carers Group within their Patient Participation Online Forum. As part of this the practice had made clear two points of contact for Young Carers to encourage and support this group of patients.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice manager had an additional role as Locality Manager for Hallam and South Locality of NHS Sheffield CCG. This role enabled the practice to improve engagement and relationships with neighbouring practices and bring benefits to patients through a closer working relationship i.e. the development of local services. The practice is part of the Prime Ministers Challenge Fund to improve access to services for all patient groups.

- The practice offered extended hours on Monday and Thursday mornings from 7am, every Tuesday evening until 7pm and one Saturday morning each month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translator services available.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, one of the GP partners was working on the National Diabetes Prevention Programmes through his role of Clinical Director at NHS Sheffield CCG. This role had a positive benefit for the development of patient centered care pathways for those patients at risk of developing diabetes.
- The practice had embraced a number of innovative approaches to providing integrated patient-centred care. For example they hosted a Health Trainer and encouraged patients to participate in the 'Move More' Olympic Legacy programme to increase physical

activity. The practice also worked collaboratively with a local District Forum around a 'Keeping People Well' public health agenda which forms part of the local authorities work in Active Support and Recovery.

- The patient forum had over 140 members and included older people and young carers. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback. For example, changes had been made to improve the telephone system to improve patient access; reception opening hours had been adjusted to ensure that patients were not kept waiting outside the building prior to their appointment slot and issues around confidentiality had been addressed in the reception area. For example, telephone conversations which included patient details were now held in a private room at the back of the reception area and a designated standing area had been allocated upon check in to promote privacy at the reception desk.
- Patients could access services in a way and at a time that suited them, for example routine appointments were supplemented by an in-house on-call GP service whereby patients could seek the advice of a GP on the day if they feel their issue could not wait until the next available appointment. In addition, the practice was a pilot site to host education sessions for patients with COPD (Chronic Obstructive Pulmonary Disease).
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, IAPT (Improving Access to Psychological Therapies) services were now offered in Woodhouse Village to enable patients to access this counselling service locally rather than travelling to Sheffield City centre.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a self-use observation machine in the reception area to record height, weight, BMI, blood pressure and pulse. Patients were encouraged to use this machine to become more aware of their own health.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments with staff were available at various times throughout the day. In addition to pre-bookable appointments that could be booked up to six weeks in

Are services responsive to people's needs?

(for example, to feedback?)

advance, urgent appointments were also available for people that needed them. When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. However we noted there was an overall improvement in the July 2016 figures from the January 2016 for patient access. For example:

- 42% of patients (an 8% improvement) found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.

On the day of inspection the practice told us that they were aware of this data which was regularly discussed at practice meetings. As a result, a number of changes had been implemented to improve and monitor patient access. For example, a new telephone system had been installed and the PPG had been consulted about ways to address this issue.

People told us on the day of the inspection that they were able to get appointments when they needed them. Comments cards also stated that patients were able to get appointment when they needed one.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements 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 information was available to help patients understand the complaints system. For example, a summary leaflet was available.

We looked at 25 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way using openness and transparency when dealing with the complaint. 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, a complaint regarding the suspension of travel vaccinations at the practice was put out to consultation with the patient participation group, a review of capacity and skills was undertaken and the travel vaccination service was re-instated alongside the recruitment of a new staff member.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed 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.

Governance arrangements

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

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

Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice held a high retention of staff, GP trainees and high medical staffing levels.
- A number of practice staff held roles at NHS Sheffield CCG for example, Governing Body GP, Clinical Director and Caldicott Guardian and Locality Manager to ensure patient services reflected local need.

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, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The patient forum had over 140 members which included young carers. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback. For example, changes had been made to improve the telephone system to improve patient

Are services well-led?

Good 

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

access; the reception opening hours had been altered to ensure that patients were not waiting outside the premises prior to their appointment time and patient confidentiality had been improved in the reception area. Telephone conversations which included patient details were held in a private room at the back of the reception area and a designated standing area had been allocated when patients checked in to promote privacy at the reception desk.

- The practice had gathered feedback from staff generally 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 had engaged with the Prime Ministers Challenge Fund bid to offer extended access and was a satellite hub for this service for the benefit of patients.

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.

This section is primarily information for the provider

Enforcement actions

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.