

Dr C T Heatley and Partners

Quality Report

120 Birley Lane

Sheffield

S12 3BP

Tel: 0114 2358038

Website: www.birleyhealthcentre.co.uk

Date of inspection visit: 16 February 2016

Date of publication: 30/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr C T Heatley and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr C T Heatley and Partners (known as Birley Health Centre) on 16 February 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.
- Most risks to patients were assessed and well managed. However, the practice had not completed a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 told us 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 were able to make a same day appointment to see a GP or nurse practitioner if their problem was urgent.
- 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 door to door bus service in joint conjunction with the local authority two days a week for patients who were too frail, elderly or unable to access the practice independently as there was no public bus service in the area.

The areas where the provider should make improvement are:

- Maintain a complete record of the immunity status of all clinical staff.

Summary of findings

- The practice should complete the monitoring and recording cycle documenting the movement of blank prescriptions within the practice.

- Complete a risk assessment for legionella.

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 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, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice had a system in place for securely storing blank prescriptions and recording receipt of them into the practice. However, there was no system for controlling and recording their movement within the practice.
- Risks to patients were assessed and well managed with the exception of legionella. However, the practice manager provided evidence following the visit that a risk assessment had been completed and an action plan implemented.

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 all 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



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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. For example, the practice was piloting the new GP web tool to offer same day e-consultation advice on minor ailments to patients.
- Patients told us urgent appointments were usually available the same day with a GP or nurse practitioner. We observed patients were put onto the duty doctor's telephone call back list if their problem was urgent and there were no same day appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided, in conjunction with the local council, a door to door bus service two days a week for patients who were too frail, elderly or unable to get to the practice by themselves as there was no public bus service in the area.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.

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 maintaining an up to date record of clinical staffs' immunity status.
- 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 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 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.

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 who needed them.
- The practice provided, in conjunction with the local authority, a bus service two days a week for patients who were too frail, elderly or unable to get to the practice by themselves as there was no public bus service in the area.
- The practice provided medical care and weekly routine GP visits to patients who resided in two local care homes.
- The practice had a system in place where the receptionist would telephone every patient aged over 75 who had been discharged from hospital to ensure their ongoing needs were met. The practice also referred patients to the community support worker who could offer advice and support on social care and wellbeing issues.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 77%, higher than the national average of 73%.

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.
- 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



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances or who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than 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.
- Data showed 87% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- All children under the age of two were offered a same day appointment. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The GPs would routinely visit women at home who had given birth to assess their health and wellbeing needs.
- 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 and early morning appointments at the practice and weekend and evening appointments through the Sheffield satellite clinic scheme. The practice also offered GP e-consultations for patients who required advice and could not attend the practice.
- The practice offered appointments at the practice with an occupational health adviser and was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of 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 and those with a learning disability.

Good



Summary of findings

- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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, 81% had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Of those patients diagnosed with a mental health condition, 100% 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 carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health were advised 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 299 survey forms distributed and 107 forms were returned. This represented 1.3% of the practice's patient list. Examples of responses included:

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 74% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 CQC comment cards which were all positive about the standard of treatment and care received with some difficulties noted when booking appointments.

We spoke with 17 patients during the inspection including members of the patient group. All 17 said they were happy with the care they received and thought staff were approachable, committed and caring. They said they felt listened to and all members of the practice team were helpful and treated them with dignity and respect. The patients we spoke with said they could get a same day appointment with the nurse practitioner or GP if their problem was urgent but had to wait for a routine appointment or to see the GP of their choice. Patients said they felt they had enough time during their consultation to discuss their care. However, some patients commented on appointments regularly not running on time.

Dr C T Heatley and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr C T Heatley and Partners

Dr C T Heatley and Partners also known as Birley Health Centre is located in a purpose built health centre in Birley and accepts patients from the surrounding area. The practice catchment area has been identified as one of the fifth most deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 8257 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.

Dr C T Heatley and Partners has five GP partners (two female, three male), two female salaried GPs, two female nurse practitioners, two female practice nurses, four female healthcare assistants, practice manager partner and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students and nurse students.

The practice is open 8am to 6pm Monday to Friday with the exception of Tuesdays when the practice closes at 12.30noon and Thursday and Friday when the practice opens at 8.30am. Extended hours are offered 6.30pm to

8pm Monday evenings and 7.30am to 8am alternate Tuesday mornings. Morning and afternoon appointments are offered every day with the exception of Tuesday afternoon when the practice is closed.

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. 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, surgical procedures and family planning.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The practice manager partner told us this would be reviewed immediately.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

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 16 February 2016. During our visit we:

- Spoke with a range of staff (two GPs, one nurse practitioner, three healthcare assistants, seven reception and administration staff 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.

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 lead GP of any incidents who would then complete a recording form. The practice would carry out a thorough analysis of the significant event at the practice team meeting. Any actions identified were included on the form and in the minutes of the meeting which were shared with all staff. The practice had an annual meeting to review 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 system to record and monitor anticoagulation (blood clotting), results recording on the practice computer system was changed to ensure patients were tested at the appropriate time.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and 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 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. There was a lead member of staff for safeguarding who attended annual GP lead safeguarding training and was trained to safeguarding children level three. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff we spoke with demonstrated they understood their responsibilities and all had received in-house annual safeguarding children training, domestic violence training and mental capacity act training.

- 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 check (DBS). (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 teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing and recording). 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 and blank prescriptions were securely stored and there were systems in place to monitor when these were received into the practice. However, the practice did not have a system for recording the destination of the blank prescriptions when taken from storage within the practice. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines in line with their area of expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed three recruitment files and found appropriate checks for staff employed since the practice

Are services safe?

registered with CQC had been undertaken prior to employment. For example, references, registration with the appropriate professional body and the appropriate DBS checks.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and IPC. The practice had not completed a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager confirmed following the inspection that a risk assessment had been completed and an action plan identified.

- 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 that 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 emergency medicines we checked were in date and fit for use.
- All clinical rooms where immunisations took place had emergency supplies of adrenaline available in the room.

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 98.9% of the total number of points available, with 12.3% exception reporting. (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). High exception reporting was noted in some clinical domains. The GP told us this would be reviewed. 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 7.3% above the CCG and 8.5% 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 cycled 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 of patients with hypertension was completed to ensure all were being regularly monitored and receiving the appropriate medication.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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, Public Health England immunisation updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Minutes of staff meetings would include a link to any learning material discussed at the meeting. 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, clinical discussion at the regular in-house 'journal club' meeting, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding and basic life support. Staff had access to and made use of e-learning training modules and in house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 its intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was 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. We saw evidence that multidisciplinary team meetings took place on a monthly 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 and alcohol cessation. Patients were then signposted to the relevant service. The practice offered one to one smoking cessation advice appointments at the practice.
- The practice hosted chiropody and diabetic retinal screening appointments at the practice for those who required one. Physiotherapy appointments were available at the practice for patients recovering from an operation or injury.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice 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 93.6% to 100% and five year olds from 91.8% to 98%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 52%. These were higher than national averages.

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 room to discuss their needs.

Most of the 39 Care Quality Commission comment cards we received were positive about the service experienced with the exception of the appointment booking system. All the patients said they felt staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 17 patients including members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 85%, 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 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 above local and national averages. For example:

- 91% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, how to access support through the local Cancer Support Centre.

The practice's computer system alerted clinical staff if a patient was also a carer. The practice had identified 190 patients as carers and staff told us they would signpost patients to the local carers' organisation if appropriate.

Are services caring?

Staff told us that if families had experienced a bereavement, their usual GP contacted them or sent them a sympathy card.

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 was a pilot site for the pharmacies in practice scheme to review medicine optimisation.

- The practice offered appointments to patients who could not attend during normal opening hours on a Monday evening and alternate Tuesday mornings at the practice. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield.
- Same day appointments were available for children under two. Those patients with a serious medical condition were put on the duty doctor call back list who would facilitate an appointment if the same day appointment slots had already been used.
- The practice offered an e-consultation service where patients could email the practice for non urgent advice and receive a response the same day.
- There were longer appointments available for patients with a learning disability.
- The practice provided medical care and weekly routine visits to patients in two local care homes.
- The practice hosted a health care trainer to provide support for patients with chronic pain.
- The practice provided a door to door bus service in conjunction with the local authority two days a week for patients who were too frail, elderly or unable to get to the practice themselves as there was no public bus transport in the area.
- 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.
- Home visits were available for those patients who would benefit from these. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.

- 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 the vaccine was required.
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

The practice was open with consultations available between 8am to 6pm Monday to Friday with the exception of Tuesdays when the practice closed at 12.30 noon and Thursday and Friday when the practice opened at 8.30am. Extended hours were offered 6.30pm to 8pm Monday evening and 7.30am to 8am alternate Tuesday mornings.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly lower in some areas than local and national averages. For example.

- 63% of patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 65% describe their experience of making an appointment as good (CCG average 69%, national average 73%).
- 52% wait more than 15 minutes after their appointment time to be seen (CCG average, 30%, national average 27%).

The practice manager told us the appointment system had been reviewed on many occasions and ways to reduce the appointment waiting time had been tried. For example, the length of the appointment time slots had been extended to try to ensure surgeries ran to time.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly higher than local and national averages in other areas. For example.

- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 97% said the last appointment they got was convenient compared to CCG average of 91% and national average of 92%.

People told us on the day of the inspection that they were able to get an urgent appointment when they needed one with a nurse practitioner or GP. We observed that when the appointments were fully booked for the day, all urgent appointment requests went onto the GP telephone same day call back list. The next pre-bookable routine GP appointment was seen to be in 10 days time.

Listening and learning from concerns and complaints

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

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

We looked at 14 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. The practice had a strategy and supporting business plan which reflected the vision and values of the practice which was 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.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However, the practice did not have an up to date record of the immunity status of clinical staff.

Leadership and culture

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

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 knowing about 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 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG engaged with the practice regarding local issues. For example, the bus route consultation. The PPG members helped fund raise for home BP machines for patients by selling donated books. One of the receptionists had been appointed as a patient champion who would attend the PPG meetings, respond to patient concerns/comments and would direct patients to local support services. For example, to a local lunch club to help prevent people from becoming isolated.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

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 strong 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 was piloting a device that patients who had bladder problems could take home to record bladder function.