Gleadless Medical Centre

Quality Report

636 Gleadless Road
Sheffield
S14 1PQ
Tel: 01142 396687
Website: www.gleadlessmedicalcentre.co.uk

Date of inspection visit: 21 June 2016
Date of publication: 11/08/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gleadless Medical Centre on 21 June 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 with the exception of the frequency of basic life support training and the recording of the immunity status of clinical staff.
- 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. The practice actively reviewed complaints and improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day through the GP telephone consultation system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The clinical staff produced a specific individual care plan for patients who had long term conditions, for example, diabetes at the end of the consultation or annual review. This included clinical information such as cholesterol, blood pressure and blood glucose levels. It calculated the patient's risk of

cardiovascular disease and explained what this meant to them personally. It included medication information and an action plan of ways to control their condition. There was space at the back of the form for patients to write down things they wanted to discuss at their next appointment. Staff told us this gave the patient time to reflect on the results and the agreed treatment plan and encouraged patients to be more proactive in managing their condition.

The areas where the provider should make improvements are:

- Complete carpet and curtain cleaning every six months as specified in NHS National Patient Safety Agency specification guidance for cleanliness in primary care premises.
- Complete basic life support training more frequently for both clinical and non clinical staff as specified in the resuscitation council (UK) guidelines for staff working in primary care.
- Maintain a complete record of the immunity status of clinical staff as specified in the practice's own Occupational Health policy and in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed with the exception of the frequency of basic life support training and carpet and curtain cleaning.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The clinical staff produced a specific individual care plan for patients at the end of the consultation or annual review. This included clinical information such as cholesterol, blood pressure and blood glucose levels. It calculated the patient's risk of cardiovascular disease and explained what this meant to them personally. It included medication information and an action plan of ways to control their condition. There was space at the back of the form for patients to write down things they

Summary of findings

wanted to discuss at their next appointment. Staff told us this gave the patient time to reflect on the results and the agreed treatment plan and encouraged patients to be more proactive in managing their condition.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day through the GP telephone consultation system.
- The practice offered an online e-consultation service where patients could email the practice for non urgent advice and receive a response within 48 hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively promoted services and provided patients with up to date information on their social media website page. For example, the practice had assured patients of practice safety systems when the recent cholesterol lowering medication alert had been in the press and we saw the GPs responded to all comments, complaints and suggestions on the site.
- The practice had a very effective system in place for handling complaints and concerns and encouraged patients to feedback their comments either through the practice's online social

Summary of findings

media page or on a form available in reception. Evidence showed the practice responded quickly to any complaints, comments or feedback raised. Learning from complaints and comments was shared with staff and other stakeholders.

- The practice had developed a virtual ward round.This was a real time log of patients who were in hospital or who had recently been discharged. The practice was then able to monitor their follow up care. For example, we observed a patient discharged the day before had been contacted by the practice and an appointment made to review their respiratory condition and care plan. The GPs met weekly with the district nurses to discuss these patients. The practice also used this information to identify patients who had multiple in-patient stays who may be vulnerable or require extra support. The practice had identified five such patients in the past 12 months who were then included on the unplanned admissions register to be monitored more frequently.

Are services well-led?

Good

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

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

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

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

People with long term conditions

Good

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.
- The clinical staff produced a specific individual care plan for patients who had long term conditions, for example, diabetes at the end of the consultation or annual review.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who

were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- QOF data showed 90% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments on a Wednesday at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice offered appointments 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 for this age group.

People whose circumstances may make them vulnerable

Good

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

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

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had developed a virtual ward round.This was a real time log of patients who were in hospital or who had recently been discharged. The practice was then able to monitor their follow up care. For example, we observed a patient discharged the day before had been contacted by the practice and an appointment made to review their respiratory condition and care plan. The GPs met weekly with the district nurses to discuss these patients. The practice also used this information to identify patients who had multiple in-patient stays who may be vulnerable or require extra support. The practice had identified five such patients in the past 12 months who were then included on the unplanned admissions register to be monitored more frequently.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Of those patients diagnosed with a mental health condition, 85% had a comprehensive care plan reviewed in the last 12 months, which is comparable to the national average of 88%.
- Of those patients diagnosed with dementia, 76% had received a face to face review of their care in the last 12 months, which is lower than the national average of 84%.

Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 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 dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly above local and national averages. There were 331 survey forms distributed and 109 forms returned. This represented 1.25% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 CQC comment cards which were all very positive about the standard of care received. Patients commented they were treated with dignity and respect and were happy with the care they received in a clean environment. However, five comments were made about the waiting time for a routine appointment.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and said their dignity and privacy was respected and all staff were friendly, helpful and they were able to get an appointment when they needed one.

Gleadless Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Gleadless Medical Centre

Gleadless Medical Centre is located in a purpose built health centre in Gleadless Valley and accepts patients from the surrounding area. Public Health England data shows the practice population has a higher than average number of 0 to 30 year olds compared to the England average. The majority of the patients registered with the practice are white British and the practice catchment area has been identified as one of the first most deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 8708 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Gleadless Medical Centre has five GP partners (one female, four male), two female salaried GPs, four practice nurses, two healthcare assistants, business manager and an experienced team of reception and administration staff. The practice is a teaching practice for medical students.

The practice is open 8.15am to 6pm Monday to Friday with the phones operating between 8am and 6.30pm. Consultations are available between 8.30am and 6pm Monday to Friday. Extended hours appointments are offered 6.30pm to 7pm Wednesday evenings. When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service who would offer advice or refer to the Sheffield GP Collaborative if appropriate. Patients are informed of this when they telephone the practice number.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016. During our visit we:

- Spoke with a range of staff (five GPs, one practice nurse, one healthcare assistant, four administration staff and the business manager) and spoke with eight patients who used the service including three members of the patient participation group (PPG).
- 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.

Detailed findings

- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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 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 incidents and significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence lessons were shared and action was taken to improve safety in the practice. For example, following an incident the practice had implemented a prompt on the computer system to alert prescribers when prescribing antibiotics if a patient was also on blood thinning medication to ensure appropriate monitoring was carried out.

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. Staff were alerted on the clinical computer system of a patient's safeguarding status when they viewed the medical record. There was a lead GP for adult safeguarding and for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice on the promotional screen 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. 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 IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. We noted on the cleaning schedules that carpets and curtains were steam cleaned and laundered annually. The IPC audit had identified these should be completed every 3 to 6 months as specified in National Patient Safety Agency guidance for cleanliness in primary care premises.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

Good

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Healthcare assistants (HCA) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had adopted an anticipatory prescribing flowchart on the clinical computer system to assist and support prescribers when preparing prescriptions for controlled drugs for patients receiving end of life care. It also provided a link to the Sheffield palliative care pathway for guidance.
- 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 DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out annual fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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 arrangements in place to respond to emergencies and major incidents.

- There was a panic button system in all the consultation and treatment rooms which alerted staff in reception to an emergency.
- Staff did not receive annual basic life support training. Clinical staff received training every 18 months and administration staff received training every three years.
- The practice did not have a defibrillator on the premises. Evidence was seen in minutes of meetings that this had been reviewed and assessed by the GPs regularly. The practice had assessed the risk of needing a defibrillator as low due to their close proximity to emergency services with an anticipated less than seven minute response time.
- The practice had oxygen with adult and children's masks on the premises. 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. The plan was kept off site by the practice manager and GPs and a copy was available on the intranet system. The practice manager told us a hard copy would be put in the back office for quick and easy reference by all staff in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96.1% of the total number of points available, with 10.9% exception reporting which is 1.6% above the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for mental health related indicators was 2.6% above the CCG and 4.1% above the national averages.
- Performance for diabetes related indicators was 4.7% below the CCG and 3.5% below the national averages.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, we saw two completed audits where the improvements made were implemented and monitored and one audit which had recently commenced.
- Findings were used by the practice to improve services. For example, an audit of patients who had not attended for bowel cancer screening had been completed and patients contacted personally to improve uptake and awareness.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines had not attended a training course for some time but 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 practice manager could evidence the nurses and healthcare assistants who administer injections had been booked onto a training update course.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

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 their intranet system:
- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had developed a library of information on the computer system which could be accessed with one key stroke. This included guidance pathways for staff to follow and patient information leaflets which the GPs could share with patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The clinical staff produced a specific individual care plan for patients who had long term conditions, for example, diabetes at the end of the consultation or annual review. This included clinical information such as cholesterol, blood pressure and blood glucose levels. It calculated the patient's risk of cardiovascular disease and explained what this meant to them personally. It included medication information and an action plan of ways to control their condition. There was space at the back of the form for patients to write down things they wanted to discuss at their next appointment. Staff told us this gave the patient time to reflect on the results and the agreed treatment plan and encouraged patients to be more proactive in managing their condition.

Qof data showed the practice's uptake for the cervical screening programme was 90%, which was above the national average of 82%, with exception reporting 14% above the national average and 8% above the CCG average. There was a policy to send letter reminders for patients who did not attend for their cervical screening test and the practice nurse confirmed this could also be followed up by a telephone reminder. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 87% to 95%.

.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient CQC comment cards we received were positive about the care they received. Five patients commented they found it difficult to make an appointment or appointments did not run to time but all said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. With the exception of two comments made about staff attitudes, 34 comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight patients during the inspection They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected and all staff were friendly and helpful.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 126 patients as carers (1.45% of the practice list). Written information was available to direct carers to the various avenues of support available to them. For example, the practice had copies of Carers in Sheffield newsletters available in reception and staff told us they would refer patients to the local weekly carer's café.

Staff told us if families had experienced bereavement, their usual GP would contact them or give them advice on how to find a support service should the family request it. Two of the patients we spoke with told us how their GP had contacted them or spoken to them personally at the practice following their recent bereavements and had offered them support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments to patients who could not attend during normal opening hours on a Wednesday evening despite not being signed up to the enhanced service with the CCG to provide extended hours. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the GP telephone consultation system. The practice offered a three minute surgery for patients with minor ailments. The patient would see the healthcare assistant who would gather the medical history and the GP would consult the patient. The GPs told us if a patient required a longer appointment they would be transferred to a routine clinic appointment.
- The practice offered same day telephone consultations with the GP for patients who could not attend the practice.
- The practice offered an online e-consultation service where patients could email the practice for non urgent advice and receive a response within 48 hours.
- The practice had developed a virtual ward round. This was a real time log of patients who were in hospital or who had recently been discharged. The practice was then able to monitor their follow up care. For example, we observed a patient discharged the day before had been contacted by the practice and an appointment made to review their respiratory condition and care plan. The GPs met weekly with the district nurses to discuss these patients. The practice also used this information to identify patients who had multiple in-patient stays who may be vulnerable or require extra support. The practice had identified five such patients in the past 12 months who were then included on the unplanned admissions register to be monitored more frequently.
- The practice had recently become a pilot site for video consulting. This allowed the GP and the patient to consult on-line visually through a secure network connection. The GP told us this was in its early stages and currently one live consultation with a patient who lived outside of the area during the working week had taken place The GP told us the practice was currently providing this service for patients who had the appropriate equipment as an addition to the telephone consulting service for patients who could not get to surgery but where the visual element would enhance the access provided by the telephone.
- The practice hosted a health care trainer to provide lifestyle support for patients. For example, the service offered the 'swim bus' to local residents to offer transport weekly to the local swimming baths for exercise.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice actively promoted services and provided patients with up to date information on their social media website page. For example, the practice had assured patients of practice safety systems when the recent cholesterol lowering medication alert had been in the press and we saw the GPs responded to all comments, complaints and suggestions on the site.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

The practice was open 8.15am to 6pm Monday to Friday with the phones operating between 8am and 6.30pm. Consultations were available between 8.30am and 6pm Monday to Friday. Extended hours appointments were offered 6.30pm to 7pm Wednesday evenings. In addition to

Good

Are services responsive to people's needs?

(for example, to feedback?)

pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them through the same day GP telephone consultation system.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 85% of patients said they were able to get an appointment to see or speak to someone the last time they tried this was equal to the national average of 85%.

We observed the next routine GP appointment to be in three weeks' time. Five patients on the 36 CQC comment cards received said they struggled to make an appointment. However, patients told us on the day of the inspection that they were able to get appointments when they needed them and were aware they could receive a same day GP telephone consultation if the problem was more urgent or attend the three minute surgery with minor conditions.

The practice had a system in place to assess:

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

The receptionist would put the visit on the GP appointment screen who would review and arrange to visit. 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 a very effective system in place for handling complaints and concerns and encouraged patients to feedback their comments either through the practice's online social media page or on a form available in reception.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system with a form in reception for complaints which also encouraged patients' comments and feedback.

We observed 25 comments and/or complaints had been received in the last 12 months. All had been reviewed and responded to appropriately. The practice had also responded to feedback comments which were not formal complaints on the on-line social media page and responded by letter to comments received on the comments forms.

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 manual procedure had been implemented and shared with the reception team to use if the electronic prescription service failed to ensure patients received their repeat prescriptions in a timely manner.

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 'people caring for people' which staff knew and understood the values of. The practice shared this with staff and patients on the practice website.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which 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 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice did not have a complete record of the immunity status of clinical staff as specified in their own occupational health policy.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and minutes of these meetings were seen during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the partners and the business manager. 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. The practice had developed a virtual PPG through a private page on a popular social media website which had encouraged more members who were not able to attend face to face meetings. The practice actively promoted services and provided patients with up to date information on this site. For example, the practice had assured patients of practice safety systems when the recent cholesterol lowering medication alert had been in the press and we saw the GPs responded to all comments on the site. For patients who did not have access to the virtual group

Are services well-led?

Good

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

the practice had invited patients to meet the GPs and staff at the practice for afternoon tea and cake on a bi-annual basis to gather their feedback and ideas on how to offer support and improve services.

- We spoke with three members of the PPG during the inspection who told us they were able to submit suggestions for improvement to the practice which the practice acted on. For example, the PPG had requested more space in the waiting room and a clear demarcation marker on the floor of where to stand until the receptionist was free. The practice had taken these comments into consideration and acted on them when planning the re-modelling of the reception area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of several local pilot schemes to improve outcomes for patients in the area. For example, the practice were piloting email consultations to offer non urgent advice and video consulting for patients who could not access the practice easily.