Duke Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Duke Medical Centre on 30 November 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. We saw that lessons in relation to these incidents were shared and that action was taken to improve safety in the practice and to prevent a recurrence.
- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice used innovative methods to engage with patients. For example, they made use of verbal contracts/agreements between doctor and patient to improve dialogue with, and manage the expectations of a small number of patients.
- The practice had a wider, holistic view of individual and community health and wellbeing. As such they

Summary of findings

worked closely with a local development trust and voluntary/third sector organisations to support patients with issues such as debt and social isolation.

- 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.

The were some areas where the provider should make improvement these being:

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff are adequately protected in line with the latest guidance.
- Ensure that there is a current legionella risk assessment and fire risk assessment for the practice, and that identified controls are implemented and monitored.
- Review the coding and recording of adult safeguarding concerns on the patient record to ensure that it is clear to permanent and temporary staff such as locums when a patient has a safeguarding issue.
- Review the clinical audit process in place to ensure that all audits capture sufficient detail as well as recording reflection, analysis and learning.

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 and lessons were shared and action was taken to improve safety in the practice and to prevent a recurrence.
- 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 some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However there was no formal recording or coding of adult safeguarding concerns on the patient record, although these cases were discussed at multi-disciplinary meetings and practice meetings.
- Risks to patients were assessed and well managed. For example, the practice carried out regular medicines audits to ensure prescribing adhered to guidelines.
- The practice carried out appropriate recruitment checks prior to employment. It was though noted that the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed many patient outcomes were at or above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance, and the practice had developed processes to cascade on and discuss new guidance when this was released.
- The practice carried out clinical audits which they used to monitor compliance and drive quality improvement. Some audits though lacked detail and depth, and did not fully record reflection, analysis and learning.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and received support from the practice to gain additional qualifications and training and to progress their careers.

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- The practice made use of verbal contracts/agreements between doctor and patient to improve dialogue with, and manage the expectations of a small number of patients. Contracts were put into place due to reasons such as concerns around the use of medicines or because of over use by a patient of calls to the practice. The specifics of each contract depended on the agreement made between the patient and the doctor.
- The practice participated in the local Clinical Assessment Services, Education and Support programme (CASES), an initiative which allowed GPs to refer patients to other GPs in the area who had specific experience in the patient's condition and received additional support from a secondary care provider. This GP would then assess the patient and make recommendations and facilitate appropriate care and treatment for the patient. The practice also participated in shared care arrangements with secondary care providers.

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 many aspects of care.
- Patients on the day of inspection told us that they were treated with compassion, dignity and respect and they were actively involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had been adapted to meet the needs of patients. For example, the building was served by a ramp and the reception desk in the waiting area had been lowered. This made the practice more accessible to wheelchair users or those with mobility issues.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example:

Summary of findings

- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection 156 patients received this service.
- The practice hosted a number of additional services which included a twice weekly ENT (ear, nose and throat) clinic staffed by a consultant and specialist nurse, a specialist diabetic clinic which was led a secondary care diabetic nurse, and weekly access to dedicated counsellors/mental health workers.
- The practice had a holistic view with regard to individual and community health and wellbeing. As such they worked closely with a local development trust and voluntary/third sector organisations to support patients with issues such as debt and social isolation. Activities included referrals to walking and interest groups, debt counselling and facilitating additional support for vulnerable individuals.

- The practice offered extended opening and worked with other local GPs to offer appointments to patients at weekends.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and a defined strategic approach 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 good quality care. This included arrangements to monitor performance, improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and met on a regular basis.
- 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. All patients had an allocated named GP and could access this GP on a regular basis which ensured continuity of care. Care planning was a continuous process through which information was shared, needs identified and anticipated; collaborative goals and actions were set which focused on outcomes that patients wanted for themselves. At the time of inspection 90 patients had patient centred care plans in place.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits were assessed against need and were delivered by GPs, nurses or health care assistants.
- The practice worked actively with organisations within the third sector (voluntary organisations) to support and meet the needs of elderly patients.
- A member of the practice nursing team visited elderly patients in their own homes to carry out care planning and to conduct reviews.
- The practice promoted and offered flu, shingles and pneumonia vaccinations. At the time of inspection the uptake rate for flu vaccinations was around 75% of those eligible. The practice worked with the local district nursing team to deliver vaccinations to housebound patients. In addition members of the patient participation group (PPG) attended the practice and assisted other patients during flu vaccination events.

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 chronic disease management and patients at risk of hospital admission were identified as a priority. For example, the medical centre provided an asthma clinic and hosted a monthly diabetic clinic delivered by a specialist diabetic nurse. The practice also worked alongside the community heart failure nurse to deliver enhanced care packages to patients.
- Longer appointments and home visits were available when needed for patients with complex needs.

Summary of findings

- All identified patients had a structured review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP or nurse worked closely with relevant health and care professionals to deliver a multidisciplinary package of care. For patients who had more than one specified condition staff, whenever possible, carried out multi-condition reviews during one visit. This meant the patient did not need to return to the practice on other occasions to carry out individual reviews.
- In 2016 the practice had begun applying care plans to a specific cohort of newly diagnosed diabetic patients. Reporting was carried out on a quarterly basis which tracked assessments of outcomes for patients and reviewed their needs.
- We were told by the practice that reception staff were encouraged and supported to relay onto clinicians concerns they had picked up from elderly patients whilst booking in or making appointments. These concerns included those in relation to their health, care, welfare or safeguarding.
- The practice participated in shared care arrangements with secondary care providers. This involved continued monitoring of patients during their treatment and close liaison with these secondary care providers. At the time of inspection the practice had shared care arrangements in place for 40 patients.

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.
- Immunisation rates were in line with local and national figures for all standard childhood immunisations.
- We were told, and we saw evidence to support this, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 93%, which was above the CCG average of 88% and the national average of 81%.
- There were appointments available outside of school hours and the premises were suitable for children and babies. Emergency appointments for young children were offered on the same day either at the medical centre or at one of the two local satellite hubs at the weekend.

Summary of findings

- The practice provided accommodation for health visitors within the medical centre premises. This facilitated close working and effective communication. We saw that the practice held regular meetings with health visitors to discuss issues and concerns.
- A weekly multi-profession baby clinic was held in the practice. At these clinics new babies and mothers were seen in the same session by a health visitor and by a nurse who administered required vaccinations. The practice ensured on these clinic days the regular surgery was held in a separate part of the building.

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. For example, the practice offered extended opening hours four days a week starting at 7am on three days and at 7.30am on one day. In addition patients could access telephone consultations.
- The practice was proactive in offering online services such as appointment booking and prescription requests. Between six and sixteen appointments were available for online booking on a daily basis.
- The practice offered a full range of health promotion and screening that reflected the needs of 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 registers of patients living in vulnerable circumstances which included those with a learning disability, patients with mental health issues and patients who received palliative care. At the time of inspection the practice had 39 patients on their learning disability register, 59 patients on their mental health register and 3 patients on their palliative care register.
- Registers were used as a means of planning care delivery. For example, they were used to call in patients with a learning disability for annual health checks. These reviews were carried wherever possible with carers so their needs and concerns

could be addressed at the same time. These reviews and checks were booked in at the end of a surgery so as to avoid causing potential anxiety to these patients due to crowded waiting rooms.
- The practice offered extended appointments for patients whose condition required a longer consultation period with a clinician.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice discussed palliative care patients at quarterly multi-disciplinary team meetings.
- The practice signposted vulnerable patients 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).

- Overall Quality Outcomes Framework (QOF) performance in relation to this population group was either comparable to or slightly above local and national averages. For example, the practice had achieved 92% of points available for working with patients with mental health issues compared to a CCG average of 92% and a national average of 93%, and 100% of points available for working with patients with dementia compared to CCG and national averages of 97%. However, it was noted when we examined detailed lower level condition data that only 71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 85% and the national average of 84%. We discussed this area of underperformance with the practice and they told us that they would examine further their work in relation to dementia reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice delivered annual mental and physical health reviews of patients on the mental health register. In addition patients who had been initiated onto antidepressants were reviewed with a short period of time to assess progress and continued need.

Summary of findings

- The practice carried out advanced care planning for patients with dementia and when appropriate referred patients on to a national voluntary organisation where they or their carers/ family could access additional support and care.
- Staff from the practice worked closely with the Improving Access to Psychological Therapies (IAPT) team who delivered services from the surgery once a week and offered support to patients for issues such as stress, anxiety and depression.
- Overall staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing generally in line with or above local and national averages. As part of the survey 307 forms were distributed and 111 were returned which was a response rate of 36%. This represented 2% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 75% 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 74% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG and national averages of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages 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 29 comment cards and these were all positive about the standard of care received. A number of cards recorded that patients felt they received excellent services from the practice and that both clinical and non-clinical staff were caring and helpful.

We received direct feedback from six patients during the inspection. All these patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. Patients said that they had a high degree of confidence in all members of the practice staff. 91% of the 56 responses made to the Friends and Family Test for October 2016 said that they would be either extremely likely or likely to recommend the practice to family and near friends (the NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS).

Areas for improvement

Action the service SHOULD take to improve

- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff are adequately protected in line with the latest guidance.
- Ensure that there is a current legionella risk assessment and fire risk assessment for the practice, and that identified controls are implemented and monitored.
- Review the coding and recording of adult safeguarding concerns on the patient record to ensure that it is clear to permanent and temporary staff such as locums when a patient has a safeguarding issue.
- Review the clinical audit process in place to ensure that all audits capture sufficient detail as well as recording reflection, analysis and learning.

Duke Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Duke Medical Centre

The practice operates from a main surgery which is located at 28 Talbot Road, Sheffield, South Yorkshire S2 2TD. The practice serves a patient population of around 6,600 patients and shows a slight year on year growth. Practice patient population turnover is high at around 15-20% per year. The practice is a member of NHS Sheffield Clinical Commissioning Group.

The practice operates from a building which meets the needs of service users. The practice hosts other community health services such as health visitors within the premises. The medical centre premises is located over two floors with the main waiting and consultation rooms being located on the ground floor. It is accessible to those with a physical disability as floor surfaces are level and doorways are wide. There is parking available on the site for patients with additional parking being available on side roads. A pharmacy is located adjacent to the medical centre.

The practice population age profile shows that it is comparable to the local and England averages, for example for those over 65 years old (16% compared to the CCG average of 16% and the England average of 17%). Data indicates that the area served by the practice has higher than average unemployment (15% compared to the CCG average of 7% and the England average of 5%). The area is ranked in one of the 10% most deprived in the country.

The practice provides services under the terms of the General Medical Services (GMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Meningitis services
- Dementia support
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, heart disease, travel vaccinations and joint injections.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, and members of the community nursing team.

The practice has three GP partners (two male, one female), one salaried GP (female). In addition there is a nursing team which comprises two nurse prescribers and two health care assistants (all female). Clinical staff are supported by a practice manager and a strategic manager and an administration and reception team.

The practice appointments include:

- On the day appointments
- Pre-bookable

- Telephone consultations where patients could speak to a GP to ask advice and if identified obtain an appointment
- Home visits

Appointments can be made in person, online or via the telephone.

The practice is open 7am to 6pm Monday to Wednesday, 7am to noon on Thursday and 8.30am to 6pm on Friday. Additionally the practice works with other local GPs to offer appointments on a Saturday and Sunday 10am to 2pm and from 6pm to 10pm. These appointments were available at two nearby satellite hubs.

Out of hours care is accessed via the practice telephone number or patients can contact NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with and/or received feedback from a range of staff, which included GPs, nursing staff, practice manager and strategic manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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 with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had recorded eight significant events in the previous 12 months. Staff within the practice had a good understanding of notifiable incidents and who they would need to contact (both inside and outside the practice) if these occurred.
- The practice carried out a thorough analysis of the significant events, and when identified working practices were altered and updated to prevent a recurrence. For example, the practice told us of an incident when a referral was faxed to an incorrect number. As a result of this the practice had instituted a new process which required them to call first to confirm the correct number and then call again afterwards to confirm receipt. We saw that incidents were regularly discussed at meetings.

We reviewed safety records, incident reports and patient safety alerts. The practice had a process in place to receive and cascade onto staff alerts and guideline updates, these were also discussed at weekly and monthly meetings.

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 vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were up to date and accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner acted as the lead member of staff for safeguarding and they were supported by a deputy to cover any periods of absence. The GPs attended monthly safeguarding meetings with external partners and if required were able to meet with health visitors more frequently as they were located within the same building. Staff demonstrated they understood their responsibilities and had all received training on safeguarding relevant to their role. GPs and nursing team members were trained to safeguarding level three and other staff were trained to level one. Safeguarding concerns for children and young people were coded on the practice IT system; however it was noted that there was no formal recording or coding of adult safeguarding concerns on the patient record, although these cases were discussed at multi-disciplinary meetings and practice meetings.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). 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 use of chaperones was noted on the patient record by the clinician and the person who acted as the chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse acted as the infection prevention and control (IPC) clinical lead and they 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. IPC audits were undertaken, the last was held in August 2015, and we were told by the practice that one was due for completion in the near future. We saw evidence that action was taken to address any improvements identified as being required by audit.
- 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 team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Additionally the practice accessed the services of pharmacists for two sessions per week which was funded via the local CCG and the Prime Ministers 'Challenge Fund'. This specialist resource supported the practice with regards to prescribing, coding and medicines advice.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The two practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. One of these nurses told us that they received mentorship and support from the medical staff for this extended role. Health care assistants were trained to administer vaccines and medicines against Patient Specific Directions (a PSD is a written instruction, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a namedpatientafter the prescriber has assessed the patienton an individual basis). We checked the PSDs on the day of inspection and found these to be correctly authorised.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

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 supported by comprehensive health and safety risk assessments. Staff were aware how to report accidents, near misses and concerns and we were told these were discussed at team meetings. The practice had a fire risk assessment, although this was due for review in May 2016. The practice had carried out regular fire drills and made weekly checks on the fire alarm system. 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 infection prevention and control. Although there were some controls in place with regard to the control of legionellosis, the practice was not able to evidence that a current legionella risk assessment was in place (legionella is a 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. If required the practice could call on the services of locums and a detailed support pack had been developed for these temporary members of staff. We were told by the practice that regular locums who were acquainted with the practice were usually used in these instances.

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 one of the treatment rooms.
- 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 also available for use.
- 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 made monthly checks of all emergency equipment and medicines and logs were kept of these checks.

Good

Are services safe?

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. 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 audits.
- Guidelines were cascaded to staff and these were also discussed at team meetings.

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 that the practice had achieved 96% of the total number of points available (compared to the CCG and national average of 95%). Exception reporting for the practice was 6% which was below the CCG average of 9% and the national average of 10%. (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). The practice had appointed GP partners to lead on specific areas of QOF delivery, and performance was regularly monitored by the strategic manager and the practice manager. There was a comprehensive performance management process in place which included performance dashboards for key conditions such as diabetes.

Whilst overall performance against QOF was slightly above local and national averages some individual condition areas showed areas of mixed performance. For example, data from 2015/2016 showed:

- The practice had achieved 92% of points available for working with patients with mental health issues compared to a CCG average of 92% and a national average of 93%, and 100% of points available for working with patients with dementia compared to CCG and national averages of 97%. However, it was noted when we examined detailed specific condition data that only 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly below the CCG average of 85% and the national average of 84%. We discussed this with the practice who said that they had worked extensively in this area and felt that this result could possibly be due to a coding error. They told us though that in in light of the discussion that they would examine further their performance with regard to dementia reviews.

The practice carried out clinical audits to drive quality improvement and monitor compliance with current guidance. We saw that five audits had been carried out in the previous twelve months some of which were two cycle audits. Some of these audits lacked detail and depth and did not fully record reflection, analysis and learning. We discussed this with the practice who said that they would review this. The practice participated in local audits and benchmarking. At the time of inspection the practice was also seeking accreditation to become a training practice in 2017, part of which included a demonstration of operating standards and an adherence to guidelines.

The practice made use of verbal contracts/agreements between doctor and patient to improve dialogue with, and manage the expectations of a small number of patients (five at the time of inspection). Contracts were put into place due to reasons such as concerns around the potential misuse of medicines such as opiates or benzodiazepines (used to relieve symptoms of pain, and anxiety and insomnia) or because of over use by a patient of calls to the practice. The specifics of each contract depended on the agreement made between the patient and the doctor. This was documented in the notes and medical, administration and pharmacy staff were all made aware if this was necessary. The practice told us they felt this approach was valuable with specific patients, and allowed the practice to raise with the patient important issues such as agreements with regard to prescribing or when it was appropriate to contact the practice.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Locum GPs received comprehensive guidance and support and were able to access an advice pack.
- There was a positive attitude within the practice to training and staff development. This included:
  - The demonstration of how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes. In addition a practice nurse was being supported to become an advanced nurse practitioner.
  - The employment of apprentices within the practice.
  - One of the nursing team acting as a mentor to nurses at neighbouring practices.
  - The development of the practice to become a training practice (a training practice supports the training a development of GP trainees and F2 doctors). We were told this was planned for 2017. Work to support this included the accreditation of two practice GPs as GP Trainers.
- 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 these services could demonstrate how they stayed up to date with changes to the immunisation and cervical smear programmes by attending and accessing specific training either online or in person. They told us that they could also access national guidance and were additionally supported by other colleagues in the practice.
- 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, one-to-one meetings, coaching and mentoring and clinical supervision. We saw evidence that staff had received an appraisal within the last 12 months. These appraisals were detailed and included an assessment of performance.
- 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 and externally organised training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communicating with out of hours providers in relation to palliative care patients.
- The practice participated in shared care arrangements with secondary care providers. This involved continued monitoring of patients during their treatment and close liaison with secondary care. At the time of inspection the practice had shared care arrangements in place for 40 patients which covered a range of conditions which included treatment for prostate cancer and d

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with health and care needs. The practice told us that on occasions when dealing with particularly complex cases they had held larger multi-disciplinary team meetings which had included members of the ambulance service, staff from accident and emergency, social workers and housing officers. This enabled detailed planning and information sharing to improve outcomes for patients.

The practice participated in the local CASES programme (Clinical Assessment Services, Education and Support), an initiative which allowed GPs to refer patients to other GPs in the area who had specific experience in the patient's

condition and received additional support from a secondary care provider. This GP would then assess the patient and make recommendations and facilitate appropriate care and treatment for the patient.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction. Patients could access the services of a dietician who delivered a clinic within the surgery on a weekly basis. The practice could also refer patients on to more specialised drug and alcohol support services.

In addition patients could access support from a range of NHS, local authority and third sector organisations either directly via staff within the practice or were informed how to self-refer from leaflets and literature which were available in waiting rooms and consulting rooms.

The practice's uptake for the cervical screening programme was 93%, which was above the CCG average of 88% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice told us that it encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, a patient had written an article for the practice newsletter which detailed their experiences of bowel cancer and encouraged others to participate in the bowel cancer screening programme.

Childhood immunisation rates for the vaccinations given were broadly comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 95% (CCG averages ranged from 86% to 96% and national averages ranged from 73% to 95%) and five year olds from 80% to 95% (CCG averages ranged from 88% to 96% and national averages ranged from 81% to 95%).

The practice told us that they contacted patients who had missed important referrals, screening sessions and appointments or who had attended accident and emergency services inappropriately. They also contacted vulnerable patients on discharge from hospital to assess their ongoing needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those over 75 years old, patients with a learning disability and NHS health checks for patients aged 40 to 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 saw that these were clean and were regularly laundered.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- The building was served by a ramp and the reception desk in the waiting area had been lowered. This made the practice more accessible to wheelchair users or those with mobility issues.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 98% 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%.
- 91% 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 the 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 average of 92% and the national average of 91%.
- 88% 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.

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 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as

a first language. We were also told that the practice had installed a hearing loop and how they had accessed British Sign Language support to meet the needs of hearing impaired patients.

- We saw that some information leaflets were available in easy read format.

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 local support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 147 patients as carers (over 2% of the practice list). The practice had sought to identify carers at new patient registration, by handing out leaflets at reception and on an ad hoc basis during consultations. Written information was available in the surgery to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, they would be contacted by one of the practice GPs who would give them their sympathies, and offer them health and care support appropriate to their needs such as a consultation at a flexible time and location and/or by giving them advice on how to find a support service.

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. For example:

- The practice offered extended opening hours during the week and patients could access appointments at weekends which were delivered from two nearby sites.
- There were longer appointments available for patients with specific needs such as those with a learning disability or the frail elderly with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice participated in shared care arrangements with secondary care providers. This involved continued monitoring of patients during their treatment and close liaison with secondary care. At the time of inspection the practice had shared care arrangements in place for 40 patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible and suitable for those with a disability. For example, the practice was served by an access ramp, had onsite parking and was fitted with a dropped/low level reception desk. In addition the practice had a hearing loop fitted and could call on British Sign Language support.
- Patients could make online appointment bookings and order online repeat prescriptions. In addition the practice sent text messages to patients reminding them of appointments.
- The practice participated in a resilience programme covering the winter months of December, January and February. As part of the programme the practice provided up to 13 additional appointments which were available to patients on a Monday morning. In 2015/2016 the practice had seen 132 patients as part of this programme.
- A number of additional services were hosted by the practice, these included:
  - A twice weekly ENT (ear, nose and throat) clinic staffed by a consultant and specialist nurse. This clinic could be accessed by patients from the practice or from other Sheffield practices.
  - As well as holding their own weekly diabetic clinic which dealt with the 429 patients on their diabetic register, the practice also hosted a diabetic clinic which was led by a specialist diabetic nurse who was able to support the needs of patients with more complex needs.
  - The practice hosted sessions held by three counsellors/mental health workers. Over the past year they had made 1,656 contacts with patients in need of mental health support to varying degrees. These appointments were available on a weekly basis.
  - A midwife led clinic was held weekly for expectant mothers. Over the previous twelve months 690 appointments were available at this clinic.
  - A weekly clinic led by a dietician was held in the practice.
- The practice had a holistic view with regard to individual and community health and wellbeing and told us that they felt that health was more than an absence of illness. As such they saw the benefit to patients of referring them into other services and voluntary organisations to combat issues such as loneliness, debt and social isolation. The practice therefore worked closely with a local development trust and voluntary/third sector organisations to achieve this. Activities included referrals to walking and interest groups, debt counselling and by facilitating additional support for vulnerable individuals.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the 156 patients received this service.

Access to the service

The practice was open 7am to 6pm Monday to Wednesday, 7.30am to noon on Thursday and 8.30am to 6pm on Friday. Additionally the practice worked with other local GPs to offer appointments on a Saturday and Sunday 10am to 2pm and from 6pm to 10pm. These appointments were

Good

Are services responsive to people's needs?

(for example, to feedback?)

available at two nearby satellite hubs/practices. Such appointments met the needs of patients who would otherwise be unable to access the practice during regular hours.

The practice appointment system included:

- On the dayand urgent appointments
- Pre-bookable appointments
- Telephone consultations where patients could speak to a GP to ask advice and if identified obtain an appointment.
- Home visits

The practice actively monitored appointments and their availability.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 79%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

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

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 need for home visits were prioritised according to clinical need by a GP. 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. Home visits were delivered by all members of the clinical team and included GPs, nurses and health care assistants. During home visits to patients who were housebound staff carried out reviews and updated care plans.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled complaints in the practice. They told us that in the first instance the practice would attempt to resolve all issues at the time when these were raised or identified.
- A practice charter had been developed which outlined both the responsibilities and behaviours that patients could expect from the practice, and the expectations and behaviours that the practice would reasonably expect from them.
- We saw that information was available in the practice and on the website to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found that these had been handled in a satisfactory manner by the practice. The practice told us that complaints were discussed at team meetings and that if lessons were learnt from individual complaints or a trend in complaints was identified then the practice would take action improve the issue and improve performance.

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.

- This vision and ethos was well understood and accepted by practice staff we spoke to on the day. The practice told us that they sought to keep the best of the past whilst constantly improving their services in light of current evidence.
- The practice had developed a strategic approach which reflected the vision and values and this was regularly monitored and reviewed.

The practice was aware of challenges it faced and was actively planning how to meet these. These challenges included:

- Succession planning
- Capacity issues
- High levels of local morbidity
- Local social pressures

As an example of actions taken to meet these challenges, the practice had sought to meet in part these capacity demands by the introduction of telephone consultations and via collaborative working with other practices and services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice's strategic approach and ensured quality care. This framework included that structures and procedures were 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 via the practice IT system. These policies were also discussed at team meetings.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Although some audits lacked detail and did not fully show reflection or learning.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management team within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that the partners and managers were all 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 and managers 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, and we saw evidence to support this, that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good

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

GPs within the practice carried out additional roles which supported and developed the local health community, these included;

- Being a member of the CCG governing body.
- Acting as a GP appraiser.
- Sitting as a member of the Local Medical Committee.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG was active and met regularly, supported the practice at large events such as flu vaccination days and acted as a conduit for the views of the wider community to be fed back to the practice. In addition they submitted proposals for improvements to the practice management team. For example, they had suggested that instead of patients hearing an engaged tone when they attempted to telephone the practice, that a queuing system with message would be more appropriate. This approach was implemented by the practice.
- The practice gathered feedback from staff through meetings, appraisals and specific discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had a wider holistic view with regard to individual and community health and wellbeing. As such they saw the benefit to patients of referring them into other services and voluntary organisations to combat issues such as loneliness and social isolation. The practice therefore worked closely with a local development trust and voluntary third sector organisations to achieve this. Activities included referrals to walking and interest groups, debt support and luncheon groups.
- There was a strong ethos of training and staff career development within the practice. As well as this being carried out for staff the practice also hosted sixth form/ college students which gave them an insight into, and experience of, general practice and the NHS.