Sloan 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 Sloan Medical Centre on 15 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- 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.
- The practice offered an annual one-stop shop for patients with a learning disability. The GP carried out a medical review, gave vaccinations, took blood tests and monitored their vital signs. The GP also worked closely with the community dentist who provided a specialist service for patients with a learning disability.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with other agencies to promote health improvement. For example, Age UK, Shipshape, and Digital Health.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had developed a new diabetes service. The practice had invited patients with diabetes to a meeting to find out what their understanding of the disease was and what their expectations were. As

Summary of findings

part of the initial review the GPs used the patient activation measures assessment tool (This established how able the patient was to engage in managing their own health). The GPs then contacted patients and provided the level of support dependent upon their ability to manage and understand their disease. This helped the practice to provide increased support to those who needed it. The service also linked in with community providers such as Digital Health, and Age UK.

We saw an area of outstanding practice:

- The practice hosted Digital Health, a not for profit charitable organisation that introduced patients to digital technology so they could become more informed about their health. Digital Health offers both group and one to one support. With volunteer support, Digital Health and the practice held monthly coffee mornings for patients who were isolated. The average attendance at each group was 20. Feedback from patients suggested that the introduction to using the internet had provided them with access to information to help manage their health and understand their condition.

The areas where the provider should make improvements are:

- The provider should make sure that staff check the emergency equipment to make sure it is always correct and safe to use and document their findings.
- The provider should make sure the adult and children safeguarding policies contain the names of the GP leads.
- The provider should continue to improve the systems in place to monitor the prevention and management of infection control.
- Ensure the response letter to the patient, following a complaint, contains details of who the patient could refer the complaint to, if they were not satisfied with the practices response.
- Further review and monitor patient satisfaction in respect of accessing the practice by telephone.

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.
- Although the practice was clean and tidy, staff had not reviewed the annual prevention and infection control risk assessment since May 2015. On the day of inspection the practice took immediate action and reviewed the risk assessment.
- A check of the emergency equipment identified regular checking of the emergency medicine had ceased in May 2016 when a staff member had left the practice. For example, in the anaphylaxis kit two ampoules had passed the date they were safe to use (expiry date). .The staff immediately removed the out of date medication and replaced it

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.
- Staff worked with other professionals to understand and meet the range and complexity of patients' needs.
- The practice hosted Sheffield International Venue exercise referral scheme (Shipshape), enabling patients to access one to one and group physical training and improve health outcomes.
- The practice invited patients with long-term conditions on their birthday for an annual health check.

Summary of findings

- The practice had developed a new diabetes service that had engaged with patients and increased the patient's understanding of their disease.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Although, the data from the national GP patient survey in July 2016 showed patients rated the practice in some areas slightly below others for some aspects of care. The practice had reviewed the GP survey and looked at ways they could improve.
- 45 out of 47 patient CQC comment cards were positive about the GPs. Patients described the care provided by the GPs as either good or excellent. Comments related particularly to the mother and baby clinic.
- We spoke with eight patients who made positive comments about the care and treatment they had received describing the GPs as either excellent and good.
- Information for patients about the services was easy to understand and accessible.

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.
- The practice held monthly coffee mornings for patients who were isolated with the help of volunteers and Digital Health.
- Patients had access to Improving Access to Psychological services (IAPT) in the practice.
- The practice offered an annual one-stop shop for patients with a learning disability. The GP carried out a medical review, gave vaccinations, took blood tests and monitored their vital signs. The GP also worked closely with the community dentist who provided a specialist service for patients with a learning disability.
- The practice hosted a community support worker who assists with the follow up of patients recently discharged from hospital.
- 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.

Summary of findings

- The practice had reviewed the GP survey and taken action to improve the access to the service. However, Feedback from patients was that it was difficult to contact the practice by telephone in the morning.

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.
- 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.
- 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 hosted Digital Health, a not for profit charitable organisation that introduced older patients to digital technology so they could become more informed about their health. Digital Health staff offered both group and one to one support.
- With the support of volunteers and Digital Health, the practice had held monthly coffee mornings for patients who were isolated. The average attendance at each group was 20. Feedback from patients was that the introduction to using the internet had provided them with access to information to help manage their health and understand their condition.
- The practice hosted a community support worker who assisted with the follow up of patients recently discharged from hospital.

People with long term conditions

Good

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

- The practice had developed a new diabetes service and invited patients with diabetes to a meeting to find out what their understanding of the diseases was and what their expectations were. As part of the initial review the GPs used the patient activation measures tool (This established how able the patient was to engage in managing their own health). The GPs then contacted patients and provided the level of support dependent upon their ability to manage and understand their disease. This helped the practice to provide increased support to those who needed it. The service also linked in with community providers such as Digital Health, and Age UK.
- Longer appointments and home visits were available when needed.
- Smoking cessation advice was available from a member of staff at the practice.
- The practice hosted Sheffield International Venue exercise referral scheme (Shipshape). The trainer held an exercise class to meet the needs of the patients once a week at the practice called Sloan circuits. Or offered one to one sessions at the local gym.
- The practice invited patients with long-term conditions on their birthday for an annual health check.

Summary of findings

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 relatively high for most standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 90.8%, which was above the CCG average of 88.4% and the national average of 81.5%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Acutely ill children were prioritised for appointments.
- We received positive comment cards from patients who had attended the baby clinic.

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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The needs of the working age population, and those recently retired had been reviewed and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However, patients who worked commented on the difficulty of being phoned back by the triage GPs whilst at work.
- The practice offered smoking cessation, weight management, a travel clinic and exercise clinics.

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 offered longer appointments for patients with a learning disability.
- The practice offered an annual one-stop shop for patients with a learning disability. The GP carried out a medical review, gave vaccinations, took blood tests and monitored their vital signs. The GP also worked closely with the community dentist who provided a specialist service 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 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 living with dementia).

- 85.7% of patients with a new diagnosis of depression had been reviewed within 56 days of diagnosis, this was comparable to the CCG at 85.1% and the national average of 83%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- Patients had access to IAPT psychological services in the practice. (Improving Access to Psychological services).

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below other local and national averages . 281 survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 35% 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%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 70% 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 77% and the national average of 78%.
- 83% 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 the national average of 85%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards. 45 out of 47 patient comment cards made positive comments about the GPs. Patients described the care provided by the GPs as either good or excellent. During the inspection we spoke with eight patients whomade positive comments about the care and treatment they had received describing the GPs as either excellent or good.

However, four out of eight patients we spoke with on the day of the inspection, said that they found it difficult to get through to the practice to make an appointment. This was also reflected in the comment cards, where 15 out of 47 patients commented that making an appointment on the telephone was very difficult and one stated that sometimes they had waited "40 minutes".

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said they met every three months with the practice staff and said they felt informed and listened to in the meetings. They described how the triage system had improved access to the service but also commented it was difficult to contact the practice in a morning by telephone.

In response to the GP survey, the practice had taken actions. These included increasing the number of GPs working at peak times. Writing a leaflet explaining the appointment system, that provided patients with the best time to call. Ensured GPs and receptionists provided a consistent message about how to access the service. Allocated a GP to provide a prompt response for urgent cases. The practice staff also held monthly rota meetings to discuss issues and agree actions about the appointment system. The GPs believed that if access were to improve this would reduce the stress on time and improve the patient's experience.

Sloan Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Sloan Medical Centre

Sloan Medical Centre is based at Little London Road and Sloan Medical Cenre at Blackstock Road. The practices have one patient list and provide general medical services for approximately 12,503 patients. The practice population is described as the fifth most deprived according to the National Census Data in 2011. The Practices are near the centre of Sheffield.

There are six GP partners (four female and two male) and five salaried GPs. There are three practice nurses, two healthcare assistants, and two phlebotomists who are supported by an assistant practice manager and 22 reception and administration staff. The post of practice manager was vacant at the time of our inspection.

Sloan medical centre opening hours are Monday to Wednesday 8am to 8pm, Thursday 8am to 6pm and Friday 9.30am to 6pm. Patients could make appointments in person, by telephone and on line. Patients could request appointments on the same day or pre-bookable appointments are available within two weeks. Patients who needed to see a GP the same day are encouraged to call the practice early to arrange for a GP to call back to assess their needs and either deal with the issue or offer a further appointment or a home visit.

Patients who needed to see a GP urgently could phone at any time and the call would be passed to the emergency 'on call' GP to respond. Other patients who wanted to speak to a GP are encouraged to phone the practice later in the day and the receptionists offered a five minute telephone call back at an agreed time.

When closed, the practice directed patients to the Sheffield City walk in services, which is open from 8am to 8pm every day or the 111 urgent call and 999 emergency telephone services.

The practice has Primary Medical Services (PMS) contract in the NHS Sheffield Clinical Commissioning Group (CCG) area. The PMS contract is between general practices and NHS England for delivering primary care services to local communities. The CCG and NHS England also contract the to provide other enhanced services. For example, patients with learning disabilities, minor surgery, and shingles immunisation.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff (GPS, practice nurse, assistant practice manager and administration staff) and spoke with eight patients who used the service.
- Reviewed 47 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, the GPs had introduced a medication checklist for patients who took the combined oral contraceptive pill to ensure they were not at risk of any side effects.

Overview of safety systems and processes

The practice had 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 accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Although the safeguarding policy did not contain the names of the lead GPs for safeguarding, staff were aware who these were. The GPs attended quarterly safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice trained GPs and nursing staff to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice had an infection prevention and control protocol in place, and cleaning schedules and rotas. All staff had received infection prevention and control training in 2016 and clinical staff had undertaken training about clinical waste management. The staff had not reviewed the annual prevention and management of infection control risk assessment since May 2015. During the inspection they took immediate action and reviewed the risk assessment. The assistant practice manager explained that at the next practice meeting the system for monitoring the management and prevention of infection control would be reviewed.
- The practice had arrangements for managing medicines, including vaccines. (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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Although, the practice had sought confirmation of the staffs identity to enable staff to use the NHS computer software, they had not kept a record of this on their personal files.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy . The practice had a fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of 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. The practice had established the number of clinical staff necessary to provide a service and had a policy to employ locum doctors when the staffing establishment fell to under 85%. The practice held a monthly meeting to review the GPs rotas.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents. This was because:

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. A check of the emergency medicines found in the anaphylaxis kit the ampules of drenaline and chlorphenamine had passed the recommended date that they were safe to use (expiry date). In a GPs bag, two ampules of water had also passed their expiry date. Regular checking of the emergency medicine had ceased in May 2016 when the staff member who had been responsible for this had left the practice. The staff immediately removed the out of date medication and replaced it and agreed to review the system to check the emergency medicines were correct.
- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, we found the recording and monitoring of whether there was sufficient oxygen was had ceased in May 2016 when the staff member who had the responsibility for doing this had left the practice. In addition, two of the face masks had passed the recommended date for safe use. The assistant practice manager agreed to review the systems in place to make sure that the equipment was monitored correctly.
- 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 accessed and discussed new clinical guidelines and used this information to deliver care and treatment that met patients' needs.

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 for 2015/2016 were 95% of the total number of points available. This was comparable to the CCG and national average of 95%.

The overall exception reporting for 2015/2016 was 6.7% which was better than the CCG average 9.3% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where for example, the patients are unable to attend a review meeting or GPs cannot prescribe certain medicines because of the side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 83.6%, which was lower than the CCG average of 91.3% and the national average of 89.8 %. However, the exception rate for the practice was 2.8%, which was better than the CCG average of 4.7% and the national average of 5.5%. In response, staff reminded patients to attend their diabetic checks and monitored the response rate.
- Performance for mental depression related indicators was 100%, which was above the CCG average of 95.6% and the national average of 91.2%.
- The percentage of patients with heart disease (atrial fibrillation) who had been seen by the practice was 97.5%, which was above the CCG average of 94% and the national average of 94.2%.
- The percentage of patients with cancer, who had a patient review recorded within 6 months of the date of diagnosis, was 76.3%, which was above the CCG average of 67.3% and the national average of 71%.
- Performance for palliative care, rheumatoid arthritis, secondary prevention of fragility fractures and stroke and trans ischaemic attacks were all 100% which was above the CCG and national averages.

There was evidence of quality improvement including clinical audit.

- The practice had completed clinical audits in the last two years. The improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review, and research. For example, one GP partner had ensured that pipelle biopsies were now available in many practices in the CCG. This enabled GPs to take small samples of tissue to help provide a prompt diagnosis.

The GPs used the findings to improve services. For example, as part of a audit of the management of gout (a type of arthritis) The staff sent a letter to patients with instructions about how to self-manage episodes gout and what type of diet may help. A re-audit, showed that the number of patients requesting GP appointments had reduced. (The number of GP consultations needed to manage each episode of gout flare symptoms reduced from 2.3 to 1.2 at the second data collection)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions had completed diabetic foot checks training and learning disability awareness training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included coaching and mentoring, clinical supervision, facilitation, and support for revalidating GPs. Approximately 70% of staff had completed their annual appraisal and the remaining staff had an appointment time booked for an appraisal in 2016.

- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice for both trainee GPs and nurses.

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.

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 on going 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 regular basis, where patient care was 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A local slimming club took place on the premises.
- The practice hosted Sheffield International Venue exercise referral scheme (Shipshape), that patients could self-refer to or a GP could refer them following a health check. The trainer held an exercise class to meet the needs of the patients once a week at the practice called Sloan circuits. Where they encouraged patients to make a appointment for a one to one training session at the local gym. Reduced priced gym membership was available for patients.
- The practice invited patients with long-term conditions for an annual health check on their birthday.
- The practice had developed a new diabetes service. Initially the practice invited 650 patients with diabetes to a meeting to find out what their understanding of the disease was and what their expectations were, 45 attended. The meeting resulted in patients wanting peer support and focusing on what mattered to them, such as dancing, bowling, driving, and remaining independent. As part of the initial review the GPs used the patient activation measures tool (This established how able the patient was to engage in managing their own health). The GPs then contacted patients and provided the level of support dependent upon their ability to manage and understand their disease. This helped the practice to provide increased support to those who needed it. The service also linked in with community providers such as Shipshape, Digital Health, and Age UK.

The practice's uptake for the cervical screening programme was 90.8%, which was above the CCG average of 88.4% and the national average of 81.5%. The staff would remind

Good

Are services effective?

(for example, treatment is effective)

patients about attending for cervical smears. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There was a procedure 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 88.2% to 92.9% and five year olds from 89.2% to 98.2%.

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 could offer them a private room to discuss patients' needs.

45 out of 47 patient Care Quality Commission comment cards received were positive about the GPs. Patients described the care provided by the GPs as either good or excellent. However, two commented on the receptionist's attitude and two commented negatively about the administration of prescriptions and the delivery of and lack of confidentiality by reception staff when they gave test results to patients.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said they met every three months with the practice staff and said they felt informed and listened to in the meetings. They described how the triage system had improved patient access to the service but it was difficult to contact the practice in a morning by telephone.

During the inspection we spoke with eight patients who all made positive comments about the care and treatment they had received describing the GPs as excellent or good.

Results from the national GP patient survey completed July 2016. 281 survey forms were distributed and 114 returned by patients. This represented 1% of the practice's patient list. This showed:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% 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%.
- 77% 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%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 92% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice had also arranged for further training in December 2016 for the receptionists.

The practice had reviewed the results and the GPs believed that if they could resolve the access and increase the number of GPs in the surgery at busy times, this would reduce the stress on time and improve patient experience. They had therefore taken action to improve access.

Care planning and involvement in decisions about care and treatment

Eight patients we spoke with told us they felt involved in decision making about the care and treatment they received. Seven patients told us they felt listened to and supported by staff. Patient feedback from the 45 out of 47 comment cards we received was also positive and aligned with these views.

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

- 83% 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%.
- 74% 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%.
- 81% 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:

Good

Are services caring?

- Staff told us that translation 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 142 patients as carers (Over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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 a Monday, Tuesday, and Wednesday evening appointments until 8.00pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted Digital Health, a not for profit charitable organisation that introduced patients to digital technology so they could become more informed about their health. Digital Health staff offered group and one to one support.
- With volunteers support, Digital Health and the practice held monthly coffee mornings for patients who were isolated. The average attendance at each morning was 20. Feedback from patients was that the introduction to using the internet had provided them with access to information to help manage their health and understand their condition.
- Patients had access to Improving Access to Psychological services (IAPT) in the practice.
- There were longer appointments available for patients with a learning disability. The practice offered an annual one-stop shop. The GP carried out a medical review, gave vaccinations, took blood tests and monitored their vital signs. They also worked closely with the community dentist.
- The practice hosted a community support worker who assisted with the follow up of patients recently discharged from hospital.

Access to the service

- Sloan medical centre opening hours were Monday to Wednesday 8am to 8pm, Thursday 8am to 6pm and Friday 9.30am to 6pm.
- Patients could make appointments in person, by telephone and on line. Patients could request appointments the same day or pre-bookable appointments were available two weeks in advance.
- Patients who needed to see a GP the same day were encouraged to call the practice early to arrange for a GP to call them back. On returning the call the GP assessed their needs and either dealt with the issue or offered an appointment or a home visit. The telephone triage system enabled the GPs to offer a tailored appointment for patients with specific needs. For example, longer appointments for those with complex needs.
- Patients who needed to see a GP urgently could phone at any time and the call would be passed to the emergency 'on call' GP to respond to.
- Patients who wanted to speak to a GP were encouraged to phone the practice later in the day and the receptionists offered a five minute telephone call back at a agreed time.
- When the practice was closed, patients were directed to Sheffield City walk in services, which was open from 8am to 8pm every day or telephone 111 and 99 emergency services.

However, results from the national GP patient survey showed that patients satisfaction with how they could access care and treatment was lower when they were asked about getting through to the GP to make the appointment by telephone than the local and national averages.

- 35% 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%.
- 74% of patients were satisfied with the practice's opening hours compared to CCG average of 74% and the national average of 76%.

In addition, four out of eight patients told us on the day of the inspection that they found it difficult to get through to the practice to make an appointment. The PPG, also

Good

Are services responsive to people's needs?

(for example, to feedback?)

reflected the difficulty in getting through to the surgery. 15 out of 47 patient comment cards stated that making an appointment on the telephone was difficult. One stated that sometimes they had waited "40 minutes".

In response, the practice had increased the number of GPs working at peak times and planned to employ more GPs in the winter due to the expected increase in the request for appointments. In addition, the staff had written a leaflet explaining the appointment system, this provided patients with the best time to call. Ensured GPs and receptionists provided a consistent message about how to access the service. In August 2016, the practice had introduced a GP to see urgent cases promptly. They also held monthly rota meetings to discuss issues and agree actions about the appointment system.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the response letter to patients did not contain details of who the patient could refer the complaint to, if they were not satisfied with the practices response. We discussed this with the assistant practice manager who agreed to make sure this was included in further responses.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system For example leaflets were available in reception and the website had details of how to make a complaint.

The practice had 12 reviews from patients on the NHS Choices website three were positive and nine explained their disappointment in the practice. The main issue raised was the difficulty in making an appointment.

We looked at three complaints received in the last 12 months and found staff had responded in a timely way. The practice had learned lessons from individual concerns and complaints and staff had taken actions as a result to improve the quality of care. Staff discussed the complaints at the weekly practice meeting. For example, patients complained about the receptionist's inability to find a repeat prescription on reception. In response the senior receptionist had reorganised the storage of the prescriptions to enable staff to find them easily.

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 four practice aims which staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The partners had specific lead roles, such as business, medication, child health.
- Practice specific policies were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the GPs.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although, the practice had some arrangements for identifying, documenting, and managing risks to patients. We found emergency medicines that had passed there date of safe use and the monitoring and management and prevention of infectious diseases had not been reviewed annually. On the day of the inspection the practice replaced the medicines and carried updated the risk assessment for the management and prevention of infectious diseases. They explained this was due to staff leaving the practice.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 multidisciplinary 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. We noted the GP partners held an annual away day.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and made suggestions for improvements to the practice. The practice had suggestion boxes in the reception area. For example, the practice had looked at ways of improving access.

Are services well-led?

Good

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice took part in NHS England patient activation pilot. The GPs used an assessment tool designed to put people with long-term conditions at the centre of the care and support they receive. It measured the knowledge, skills and confidence the patient's had to manage their own health, and highlighted what level of support the patient's needed to achieve better health outcomes. The GPs used this tool for the new diabetes service.
- The practice worked with other surgeries to look at ways of delivering a joint more efficient and effective service. The three main areas of work at present were joint pharmacy, team workflow and coder birthday month reviews
- The practice had a development plan that aimed to deliver better care for patients and staff. The plan used the information from the activation pilot as a means to review how the practice could develop and improve services to patients.
- Sloan Medical Centre was rated as a highly commended practice in October 2016 by the South Yorkshire North Trent Faculty, Royal College of General Practitioners.