

# Sharrow Lane 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sharrow Lane Medical Centre on 6 July 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an approach to safety and a system in place for reporting and recording significant events however these were not shared across the wider practice team to drive improvement.
- 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 and dignity and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.

- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw some evidence that audits were driving improvements to patient outcomes.

The areas where the provider must make improvement are:

- Improve practice governance and the management of quality and performance.
- Share significant event reporting across the whole practice team to drive improvement.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure that all staff have access to regular appraisals.
- Review documentation used to support their complaints process.
- Consider the development of practice learning around information technology and read coding.
- Review performance for diabetes related indicators and consider a strategy to address this situation.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events however we noted that lessons were not routinely shared across the wider practice team 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 defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed.
- The practice did not ensure recruitment arrangements included all necessary employment checks for all staff. On the day of inspection we observed that DBS checks (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) were not in place for four members of administrative staff and one member of clinical staff. Since the inspection, the practice have informed us that DBS checks are now in place for these members of staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw minimal evidence that audits were driving improvements to patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence of personal development plans for most staff but some staff appraisals were overdue.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



# Summary of findings

- Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment.
- Patients told us they were treated with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.
- Performance for diabetes related indicators was significantly lower than the CCG and national average. During the inspection, practice staff identified this as an issue but we were unclear of any strategy to improve the situation. Since the inspection, the practice told us they have a strategy to increase the performance of diabetes related indicators i.e. patients that are identified with high HbA1C blood tests are offered care planning and input by the Consortia Diabetes team.
- We saw staff treated patients with respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the Prime Ministers Challenge Fund to improve access for patients.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. However, NHS Parliamentary and Health Service Ombudsman (PHSO) contact details were not in their complaints documentation and verbal complaints were not being recorded.
- The practice had a large multi-ethnic population and in response had devised a 'Consent to Disclose Medical Information' form to promote confidentiality for patients who used translator services

Good



# Summary of findings

- The practice provided a telephone answering service which was recorded in Urdu due to the high number of patients who spoke this language.
- In order to support Muslim patients with regard to early burial customs one of the GPs provided an 'on-call' service at weekends to issue death certificates for expected deaths.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had an aim to promote good outcomes for patients.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity but did not hold regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents however this information was not routinely shared with staff to ensure appropriate action was taken.
- The patient participation group had not met for two years but was recently becoming active.
- All staff had received inductions.
- Not all staff attended regular staff meetings or events.
- We saw limited evidence of practice governance and the management of quality and performance.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice governance and the management of quality and performance required improvement which impacted on this population group.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement 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.
- Performance for diabetes related indicators was significantly lower than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood test was within normal limits was 60% (CCG and national average 78%). During the inspection, practice staff identified this as an issue but we were unclear of any strategy to improve the situation. Since the inspection, the practice told us they have a strategy to increase the performance of diabetes related indicators i.e. patients that are identified with high HbA1C blood tests are offered care planning and input by the Consortia Diabetes team.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice governance and the management of quality and performance required improvement which impacted on this population group

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 81%, which was lower than the CCG average of 90% but higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice governance and the management of quality and performance required improvement which impacted on this population group

**Requires improvement**



## Working age people (including those recently retired and students)

The practice is rated as requires improvement 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 offered services which were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice governance and the management of quality and performance required improvement which impacted on this population group

**Requires improvement**



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in circumstances that might make them vulnerable including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Requires improvement**





# Summary of findings

- Patients whose circumstances might make them vulnerable were advised about how to access various support groups and voluntary organisations.
- Staff knew how to recognize 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.
- The practice governance and the management of quality and performance required improvement which impacted on this population group

## People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was lower than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 78% (CCG average 90%; national average 88%). On the day of inspection we reviewed patient notes and noted there were issues with QOF coding for this group of patients.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice governance and the management of quality and performance required improvement which impacted on this population group

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing significantly lower than local and national averages. 405 survey forms were distributed and 92 were returned. This is a response rate of 23% and equates to 2.5% of the practice population.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 57% 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 75% and the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.

On the day of inspection we did not see any evidence that the above issues were being addressed. However, we were told that the practice had recently installed a new telephone system in an attempt to address patient access which is being monitored. Most patients told us they were able to get an appointment easily and the practice was seeking to employ a new GP partner to address workload issues.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients told us the services provided were good and that all staff were helpful and polite.

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

# Sharrow Lane 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 practice manager specialist adviser.

## Background to Sharrow Lane Medical Centre

Sharrow Lane Medical Centre is situated at 129 Sharrow Lane, Sheffield S11 8AN. The practice provides services for 3,900 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fourth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Sheffield Clinical Commissioning Group (CCG) area.

The practice has one lead GP (male), three salaried GPs (two female and one male) one nurse practitioner (female), one practice nurse (female) and a healthcare assistant (female). They are supported by a team of practice management staff and an administration team. The practice is open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and closed on Thursday afternoon. Appointments with staff are available at various times throughout the day. Extended hours are offered on Monday evenings until 8.30pm. Patients requesting same day appointments are triaged over the telephone by the lead GP and offered a face to face appointment if required.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 July 2016. During our visit we:

- Spoke with a range of staff (GP, nurse practitioner, practice nurse, healthcare assistant, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

# Detailed findings

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw some 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.
- We noted the practice team were advised of non clinical significant events and would receive meeting minutes but would not get details of clinical significant events. Annual reviews were not undertaken of significant events.

We reviewed safety records, incident reports and patient safety alerts. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, the wrong prescription was given to a patient by a locum doctor. As a result of this incident, each patients date of birth and address is checked when the patient makes an appointment and when the patient attends for their appointment. In addition, all locum doctors are asked to check these details and has been added to the locum doctors pack. The local pharmacy has been alerted and they are conducting their own significant event analysis to deal with this type of situation to prevent it occurring again.

### 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 who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to safeguarding level three.

- 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 but not all reception staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. Since the inspection, the practice have informed us that DBS checks are now in place for these members of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out 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 some systems in place to monitor their use. Both of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

- We reviewed four personnel files and found some recruitment checks had been undertaken prior to employment although we noted that four members of administration staff and one member of clinical staff had not had appropriate checks through the Disclosure and Barring Service. Since the inspection, the practice have informed us that DBS checks are now in place for these members of staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant evidence based guidance and standards.

- 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.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available (0.1 percentage points below CCG average and 0.2 percentage points above the England average), with 5.4% exception reporting (3.9 percentage points below CCG average and 3.8 percentage points below England average)

Data from 2015 showed:

- Performance for diabetes related indicators was significantly lower than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood test was within normal limits was 60% (CCG and national average 78%). During the inspection, practice staff identified this as an issue but we were unclear of any strategy to improve the situation. Since the inspection, the practice told us they have a strategy to increase the performance of diabetes related indicators i.e. patients that are identified with high HbA1C blood tests are offered care planning and input by the Consortia Diabetes team.
- Performance for mental health related indicators was lower than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 78% (CCG average 90%; national average 88%). On the day of inspection we reviewed patient notes and noted there were issues with QOF coding for this group of patients.

- During the inspection we noted that there were no formal meetings in place to discuss and monitor QOF.

There was minimal evidence of quality improvement including clinical audit.

- We saw one completed audit.
- We observed that the practice did not have a rolling programme of clinical audits and re-audits to improve patient outcomes.

### 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, those nurses reviewing patients with long-term conditions had undergone specific post graduate diploma level training at the local University.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- We noted that staff appraisals were undertaken on an 'ad hoc' basis and were not regularly offered. Some members of administrative staff had not had an appraisal and we were told that these would be completed this year. All staff had access to appropriate training to meet their learning needs and to cover the scope of their work through on-line training.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

### 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.



# Are services effective?

## (for example, treatment is effective)

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care or those at risk of developing a long-term condition.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was lower than the CCG average of 90% and higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% and five year olds from 89% to 92%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were 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.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

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

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

- 86% 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%.
- 77% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 95% 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%.
- 73% 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%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.

- 83% 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 negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.
- During the inspection, practice staff identified this as an issue but we were unclear of any strategy to improve the situation.

On the day of inspection we were told that the practice was trying to provide facilities to help patients be involved in decisions about their care for example:

- The practice had a large multi-ethnic population and had employed GPs and two reception staff who were bilingual.
- The practice had devised a 'Consent to Disclose Medical Information' form to promote confidentiality for patients who used translator services.
- The practice telephone answering service was available in Urdu.
- In order to support Muslim patients with regard to early burial customs one of the GPs provided an 'on-call' service at weekends to issue death certificates for expected deaths.

## Are services caring?

### **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.

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

# 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 were part of the Prime Minister's challenge fund working towards the Government's 7 day working week

- The practice offered an extended hours on Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and interpreter services available.

### Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and closed on Thursday afternoon when the practice is supported by the Out of Hours service. Appointments with staff were available at various times throughout the day. Extended hours were offered on Monday evenings until 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

The practice was aware of this data and had installed a new telephone system to improve access. The practice was also planning to take on a new GP partner to address workforce issues. Most people told us on the day of the inspection that they were able to get appointments when they needed them and were aware that the new telephone system had made an improvement.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Information about how to complain was available and evidence showed the practice responded to issues raised.
- We noted that the practice needed to develop improved documentation around their complaints process. For example, NHS Parliamentary and Health Service Ombudsman (PHSO) contact details were not in their complaints documentation and verbal complaints were not being recorded.
- 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 e.g. a summary leaflet was available.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way using openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns. For example, a patient thought that their prescription had gone missing however it was only delayed and the practice manager telephoned the patient to offer an explanation and reassurance.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

- On the day of inspection the practice told us they prioritised safe, quality and compassionate care.
- The practice did not appear to have a clear vision and strategy in place. However, they told us there were plans to address issues around leadership by taking on a new GP partner and developing their practice nurse to offer an increased service.

### Governance arrangements.

- We noted that appraisals were not regularly offered and were undertaken on an 'ad hoc' basis. This related to administrative staff.
- Incident reporting was not shared across the whole practice team to drive improvement.
- The practice did not hold regular governance meetings.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were some arrangements in place for identifying, recording and managing risks.
- There was minimal evidence of quality improvement including clinical audit.

### Leadership and culture

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 did not keep written records of verbal interactions as well as written correspondence. We were advised that this situation would be addressed.

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

- Staff told us the practice held 'ad hoc' team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt supported by the partner in the practice.

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

The practice encouraged feedback from patients and staff. It sought patients' feedback and had engaged patients in the delivery of the service.

The practice had a patient participation group (PPG) but they had not held a regular meeting for two years. We were told that the Patient Group would be re-commencing in September 2016. When the PPG was active they had submitted proposals for improvement. For example, access to daily appointments had been changed through earlier access to the telephone system which means that patients no longer wait outside the surgery to gain access.

- The practice had gathered feedback from staff generally through 'ad hoc' staff meetings and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice were part of the Prime Minister's challenge fund working towards the Government's 7 day working week

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) 2014 Good Governance
Maternity and midwifery services	Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• Significant event reporting was not routinely shared across the whole practice team to drive improvement.</li><li>• Practice governance meetings were not held regularly.</li><li>• Records were not maintained securely for persons employed in the carrying on of the regulated activity and for the management of the regulated activity.</li></ul> Regulation 18 HSCA(RA) 2014: Staffing
	2. Maintain securely such other records as are necessary to be kept in relation to: <ul style="list-style-type: none"><li>• Not all administrative staff had access to regular appraisals.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.