

# Kiveton Park Medical Practice

## Quality Report

**Kiveton Park Primary Care Centre**  
**Chapel Way**  
**Kiveton Park**  
**Sheffield**  
**S26 6QU**

Tel: 01909 770213

Website: [www.kivetonparkmedicalpractice.co.uk](http://www.kivetonparkmedicalpractice.co.uk)

Date of inspection visit: 9 December 2015

Date of publication: 03/03/2016

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

### Ratings

#### Overall rating for this service

**Good**



Are services safe?

**Requires improvement**



Are services effective?

**Good**



Are services caring?

**Good**



Are services responsive to people's needs?

**Outstanding**



Are services well-led?

**Good**



# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to Kiveton Park Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kiveton Park Medical Practice on 9 December 2015. 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. Records of actions taken could be improved.
- Risks to patients were assessed and well managed although some aspects of infection prevention and control (IPC) and records for monitoring temperatures of vaccine fridges could be improved.
- The provider had not obtained all the information required, prior to recruitment of staff, to ensure the person was of good character.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice provided a drop in service for patients aged between 12 and 25 years known as UCount2. The service was also available to patients from other local practices. The service had been provided for the past 15 years in response to demand in the local

# Summary of findings

community and was guided by a committee which included young people from a local school. The service was situated away from the main waiting room in a separate building in the grounds of the practice to promote confidentiality. The service was provided by a nurse practitioner who had completed relevant additional training for this role. The nurse worked closely with the GPs, youth counsellor and youth worker to provide services twice a week during term time. The service included treatment, support and advice for sexual and health screening, teenage pregnancy, alcohol and drug use, relationship issues, eating disorders, mental health issues, sexual exploitation and minor illnesses. The nurse worked with parents and schools to support the young person as required. For example, in the case of a teenage pregnancy the nurse would offer to liaise with parents/carers at the surgery or at home to discuss support and follow-up care. We saw communication from the CCG which showed this service had been identified by the CCG as one of the key strengths of the practice. The CCG had also stated that the outcomes for young people using the service were good and that the teenage pregnancy rate for the area was low.

The areas where the provider must make improvement are:

- The provider had not obtained disclosure and barring service (DBS) checks prior to employment for staff such as nurses and a phlebotomist who worked alone with patients.

The areas where the provider should make improvement are:

- Records, including meeting minutes, did not always clearly identify the actions taken in response to significant events and safety alerts.
- There were some shortfalls in IPC systems. For example, sharps bins were not signed, clinical waste bags were not labelled, no evidence of a cleaning regime for ear irrigation equipment, practice cleaning records did not evidence which task had been completed and by who and a foot operated bin was not provided in the staff toilet.
- There were no written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks were not maintained in sufficient detail.

**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 requires improvement for providing safe services.

**Requires improvement**



- 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. However, records, including meeting minutes, did not always clearly identify the actions taken in response to significant events and safety alerts.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However, the provider had not obtained disclosure and barring service (DBS) checks prior to employment for staff such as nurses and a phlebotomist who worked alone with patients.
- The practice was clean and tidy however, an infection prevention and control (IPC) audit had not been completed and there were some shortfalls in IPC systems.
- Medicines held in the practice were well managed. However, there were no written procedures for monitoring and recording the temperature of vaccine fridges and records of temperature checks were not maintained in sufficient detail.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of peoples' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- It 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.
- We saw an area of outstanding practice in respect of the specific drop in service provided for young people at the practice, aged 12 to 25 years, and those from neighbouring practices. This service was nurse-led and provided care and treatment focusing on the health and wellbeing of young people. This service was well regarded by the CCG and the area had a low number of teenage pregnancies which may have been attributed in part to the support and advice provided by this service.
- Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 93%, which was higher than the CCG and national average of 83% and 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85.6% which was comparable to the CCG average of 82.5% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.

We saw one area of outstanding practice:

- The practice provided a drop in service for patients aged between 12 and 25 years known as UCount2. The service was also available to patients from other local practices. The service had been provided for the past 15 years in response to demand in the local community and was guided by a committee which included young people from a local school. The service was situated away from the main waiting room in a separate building in the grounds of the practice to promote confidentiality. The service was provided by a nurse practitioner who had completed relevant additional training for this role. The nurse worked closely with the GPs, youth counsellor and youth worker to provide services twice a week during term time. The service included treatment, support and advice for sexual and health screening, teenage pregnancy, alcohol and drug use, relationship issues, eating disorders, mental health issues, sexual exploitation and minor illnesses. The nurse worked with parents and schools to support the young person as required. For example, in the case of a teenage pregnancy the nurse would offer to liaise with parents/carers at the surgery or at home to discuss support and follow-up care. We saw communication from the CCG which showed this service had been identified by the CCG as one of the key strengths of the practice. The CCG had also stated that the outcomes for young people using the service were good and that the teenage pregnancy rate for the area was low.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

We saw one area of outstanding practice:

- The practice provided a drop in service for patients aged between 12 and 25 years known as UCount2. The service was

**Good**





# Summary of findings

also available to patients from other local practices. The service included treatment, support and advice for sexual and health screening, teenage pregnancy, alcohol and drug use, relationship issues, eating disorders, mental health issues, sexual exploitation and minor illnesses. The CCG had stated that the outcomes for young people using the service were good and that the teenage pregnancy rate for the area was low.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



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

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

- 73% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 received training and had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 11 were returned. this is a response rate of 43.7% and represents 0.9% of the practice population.

- 76.1% found it easy to get through to this surgery by phone compared to a CCG average of 73.2% and a national average of 73.3%.
- 86.9% found the receptionists at this surgery helpful (CCG average 86.6%, national average 86.8%).
- 84.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 95.5% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).
- 74.5% described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).

- 51.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69.4%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients told us the staff were kind and helpful. They said they had enough time in their consultation and said the clinical staff listened to them. There were a number of positive statements relating to the care and treatment people had received and timeliness of referrals when they had suffered serious ill health. They said they could get an appointment when they needed one, particularly in respect to urgent appointments, although two people said it was difficult to pre-book an appointment with a doctor of their choice.

We spoke with 12 patients during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They said treatment options were always explained to them. The majority said it was easy to get an appointment although two people said it was difficult to see a named GP.

# Kiveton Park Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience.

## Background to Kiveton Park Medical Practice

Kiveton Park Medical Practice is situated within a purpose built surgery in a building known as Kiveton Park Primary Care Centre. The surgery operates over two floors but all the patient facilities are on the ground floor. Kiveton Park Medical Practice was built in 1997. There is disabled access and disabled parking at Kiverton Park. The practice is in one of the less deprived areas nationally and has a significantly higher patient population in the 65 to 75 year old age group. However, there is a new housing estate being built close by providing an increase in young families. The practice has a branch surgery, separately registered with CQC, known as Harthill Surgery. The patients from Kiveton Park can also access this surgery as the surgeries have the same patient list. Harthill surgery has a dispensary.

The practice provides Personal Medical Services (PMS) for 11,302 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are six GP partners, four male and two female. There are also one female and two male salaried GPs. The nursing team comprises of five nurses and two health care assistants and one phlebotomist. There is an extensive administration team, domestic staff and a caretaker supported by the practice manager.

The practice reception hours are 8am to 6.30pm, Monday to Friday. Surgery times are 8.30am to 7pm. Patients can also access early surgeries from 7am to 8am, one or two days a week at each site, usually Tuesdays and Thursdays. Additionally, a service, known as UCount2, for patients between 12 and 25 is held twice a week on Tuesdays and Thursdays from 3.30pm to 5.00pm in school term time. UCount2 is held in the building called Waleswood Lodge in the surgery grounds.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

The out of hours services are provided by the Derbyshire Health United. When the surgery is closed, the message at the surgery (also detailed on the website and in the practice booklet), instructs patients to ring 111.

The practice provides training for doctors who intend to become GPs.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is

# Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

- Spoke with a range of staff including two GPs and a medical student, two practice nurses, two health care assistants, the practice manager and two administration staff.
- We spoke with 12 patients who used the service including two members of the patient participation group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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?
- Is it responsive to people's needs?
- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We were told by staff there was an open culture in the practice and they were encouraged to report incidents.
- The practice carried out a thorough analysis of the significant events and we were told the outcomes and learning points were discussed at meetings.
- The minutes of the meetings identified that an incident had been discussed but did not detail the discussion or any action points arising from this. Staff we spoke with confirmed that incidents had been discussed with them in meetings and were aware of any learning points and action to take.
- The manager held a central log of the incidents which recorded a summary of the incident and action taken and any learning points and how these had been disseminated. However, these did not cross reference to the meetings to identify when these had been discussed to complete the audit trail.
- We saw there were systems in place to manage and disseminate safety alerts that were received into the practice although any actions taken in response to safety alerts had not been recorded. We saw evidence that some action had been taken in response to an alert related to medicines. We were told alerts were discussed at clinical meetings; however, the meeting minutes did not detail the discussions or any action points arising from the discussions.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had updated their procedures to take account of new legislation in this area.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to Safeguarding children level three. Monthly meetings were held with the health visitor to discuss any concerns relating to children at the practice. The practice had a service for young people aged 12 to 25 years which provided a confidential drop-in service in a building within the grounds of the practice. This service was nurse-led and young people were able to discuss and get advice on issues relating to their health and wellbeing.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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 nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. An IPC audit had been completed by an external IPC consultant nurse in October 2015 and a summary record of the audit was provided. We saw minor areas had been identified for improvement and actions had been taken to address these. We found some shortfalls in IPC during the inspection. We saw that some sharps bins were not signed and clinical waste bags were not labelled. There was also a lack of records to evidence the cleaning regime relating to the ear irrigation equipment. We were told this occurred daily at midday. However, the part of the equipment

## Are services safe?

which came into contact with patients was for single use only and this part was changed between patients. The practice had three cleaners and cleaning schedules were in place. However, the task sheets for the cleaning did not evidence which task had been completed and by who. We also saw a hand operated waste bin rather than a foot operated bin was provided in the staff toilet.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, while we did not identify any issues with vaccine fridge temperatures there were some shortfalls in the systems for monitoring and recording the temperature of these fridges. For example, there were no written procedures for this task, staff did not reset the thermometer after checking the temperature and did not record the lowest and highest temperature readings. The fridges had temperature data loggers and the temperatures were downloaded onto the computer. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four recruitment files and found that recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found the practice had not obtained DBS checks for all staff who required one prior to employment due to their job role. A phlebotomist, who had been employed since October 2015, did not have a DBS check on file and was undertaking care tasks for patients. The practice manager followed this up with DBS during the inspection and confirmed that the checks had been completed and the information was in the post. The practice manager has told us they had completed a risk assessment in relation to this and said the member of staff had worked in an open environment with other staff close by. There was no evidence of a written risk assessment on this member

of staff recruitment file. A new nurse had been employed and had started her induction on 9th November 2015, the DBS was issued on 17th November 2015 and we were told she had started clinical work in December 2015.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and IPC and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

## Are services safe?

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and the local CCG and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 2014/15 showed the practice had achieved 98.9% of the total number of points available which was higher than the CCG and national averages, with 11% exception reporting. The results for the preceding three years showed the practice had also consistently achieved higher than CCG and national QOF results. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93%, which was higher than the CCG and national average of 83% and 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% similar to the CCG and national average of 84%.
- Performance for mental health related indicators was 100%, which was better than the CCG and national average of 91% and 93%.

Clinical audits demonstrated quality improvement.

- The practice provided a list of nine clinical audits completed in the last two years; five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved procedures for memory clinic referrals and improvement in patient record keeping following home visits.

The practice used risk stratification tools to identify the patients who were most at risk of unplanned hospital admissions due to the complexity of their needs. The patients most at risk had personalised care plans which were reviewed four to six monthly, the practice told us that 4.3 % of the practice population had care plans. Patients living with dementia also had care plans. When these patients had been admitted to hospital their care was reviewed by a doctor on discharge and they were visited at home by a member of the nursing team.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. However, we found a health care assistant was taking patients' blood pressures when this was requested by patients although they had received no training for this and this task was not part of their job description. We informed the practice manager of this.
- 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 these learning needs and to cover the scope of their work. This included ongoing support



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. They had audited the information provided by the practice for referral to the memory clinic and had put procedures in place to improve the quality of the information.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A number of clinics were available on the premises which were provided by the practice or external service providers. These included alcohol and substance misuse clinics, health trainer clinic and counselling services.
- A specific service was provided for young people in a separate building to promote confidentiality. This service included advice and treatment relating to young people's health and wellbeing including sexual health and contraception.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85.6% which was comparable to the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.3% to 100% and five year olds from 97.7% to 99.2%. Flu vaccination rates for the over 65s were 83.03%, and at risk groups 67.2%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.6% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 92.6% said the GP gave them enough time (CCG average 91.9%, national average 91.9%).
- 98.7% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%).

- 93.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- 92.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 86.9% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.8%).

### Care planning and involvement in decisions about care and treatment

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

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

- 93.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86%.
- 89.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.2%, national average 84.8%).

Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice identified those living with dementia and those with a learning disability and alerts on the patient record identified those who required longer appointments. Staff had received dementia training and one of the GPs had a lead role in dementia.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The patient participation group (PPG) had held a carers event in the building in the grounds of the surgery to provide advice and support. The carers resilience group provided advice and support at a clinic held in the practice once a week. The practice also worked closely with Voluntary Action Rotherham, a social prescribing group, and representatives from the group attended the monthly multidisciplinary meetings.

Staff told us how they provided support for one patient living with dementia who had missed their appointments. The staff contacted the patient an hour before their appointment to prompt them to attend.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. This was followed by a patient consultation and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice provided a drop in service for patients aged between 12 and 25 years known as UCount2. The service was also available to patients from other local practices. The service had been provided for the past 15 years in response to demand in the local community and was guided by a committee which included young people from a local school. The service was situated away from the main waiting room in a separate building in the grounds of the practice to promote confidentiality. The service was led by a nurse practitioner who had completed relevant additional training for this role. The nurse worked closely with the GPs, youth counsellor and youth worker to provide services twice a week during term time. The service included treatment, support and advice for sexual and health screening, teenage pregnancy, alcohol and drug use, relationship issues, eating disorders, mental health issues, sexual exploitation and minor illnesses. The nurse worked with parents and schools to support the young person as required. For example, in the case of a teenage pregnancy the nurse would offer to liaise with parents/carers at the surgery or at home to discuss support and follow-up care. We saw communication from the CCG which showed this service had been identified by the CCG as one of the key strengths of the practice. The CCG had also stated that the outcomes for young people using the service were good and that the teenage pregnancy rate for the area was low.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- We observed good practice and kind and caring attitude from reception staff when they provided interventions for an older person who was ill on arrival at the practice.

### Access to the service

The practice reception hours were 8 am to 6.30pm, Monday to Friday. Surgery times were 8.30am to 7pm. Patients could also access early surgeries from 7am to 8am, one or two days a week at each site, usually Tuesdays and Thursdays. Additionally, a service, known as UCount2, for patients between 12 and 25 was held twice a week on Tuesdays and Thursdays from 3.30pm to 5.00pm in school term time.

In addition to pre-bookable appointments that could be booked up to six weeks in advance urgent appointments were 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 comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 76.1% patients said they could get through easily to the surgery by phone (CCG average 73.2%, national average 73.3%).
- 74.5% patients described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 51.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69.4%, national average 64.8%). The practice was aware of these results and had undertaken an audit and increased the appointment length to 12 minute appointments.

People told us on the day that they were satisfied with the appointment system. They said they could get an appointment when they needed one, particularly in respect to urgent appointments, although two people said it was difficult to pre-book an appointment with a doctor of their choice.

### 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.
- There was a designated responsible person who handled all complaints in the practice.



## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and

complaints and action was taken as a result to improve the quality of care. For example, where incidents had involved individual staff the member of staff had been informed and the incident had been discussed with them to improve practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust 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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had been involved in the review of the appointment system. The PPG had also worked with the local school and housing association to increase the membership and age range of the group. They had also provided a carers event to provide advice and support and they arranged drop in coffee mornings at the practice. The PPG, with support from the practice, had started a support group for patients with fibromyalgia.
- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

## Are services well-led?

Good 

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

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.



This section is primarily information for the provider

## 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  Checks that staff were of good character where not adequate because:  The registered provider had not obtained disclosure and barring service (DBS) checks prior to employment for staff such as nurses and a phlebotomist.  19(1)(a)(2)(a)3(a)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	