

Mosborough Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mosborough Health Centre on 28 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of the process for administering medicines under patient specific directions for healthcare assistant staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- 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 had been innovative when reviewing its workforce and had developed the practice skill mix by employing their own pharmacist who supported patients and staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing. They had also

Summary of findings

recruited a physician associate who was able to deal with minor illness, long term conditions and mental illness freeing up GP time for more complex patient needs.

The areas where the provider should make improvement are:

- Review the process for administering medicines under patient specific directions to ensure they are correctly authorised by an appropriate prescriber.

- Ensure staff who perform chaperone duties follow the practice's own chaperone policy with regards to recording the event.
- Review the system for checking consumables are within their expiry date throughout the practice.
- Review Public Health England guidance with regard to the use of two thermometers for monitoring of medical fridge temperatures.

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 an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the process for administering medicines under patient specific directions for healthcare assistant staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk with the exception of the process for administering medicines under patient specific directions for healthcare assistant staff.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had been innovative when reviewing its workforce and had developed the practice skill mix by employing their own pharmacist who supported patients and staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing. They had also recruited a physician associate who was able to deal with minor illnesses freeing up GP time for more complicated issues.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical care and weekly routine GP visits to patients who resided in two local care homes.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 79%, higher than the national average of 73%.

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 long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice hosted a pain trainer who helped manage patients with chronic pain problems.
- 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.

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.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- Data showed 82% of women eligible for a cervical screening test had received one in the previous five years which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments one evening a week at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice hosted an occupational health advisor who was able to support and advise patients on work related problems.
- 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.

Good



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.
- The practice offered longer appointments for patients with a learning disability and had a system to offer flexible appointments to patients from a local travelling community.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Of those patients diagnosed with dementia, 89% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 94% had a comprehensive care plan reviewed in the last 12 months, which is higher than the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised 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 hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above local and national averages. There were 228 survey forms distributed and 103 forms returned. This represented 1.6% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 CQC comment cards which were all positive about the standard of care received. Patients commented all staff were friendly, helpful, supportive and caring.

We spoke with six patients during the inspection. All six patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. They told us all staff were friendly, helpful and supportive.

Mosborough Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Mosborough Health Centre

Mosborough Health Centre is located in a purpose built health centre and accepts patients from Mosborough and the surrounding area. Public Health England data shows the practice population is mostly white british and has a higher than average number of patients aged 45 years and older compared to the England average. The practice catchment area has been identified as one of the seventh least deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 6468 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Mosborough Health Centre has five GP partners (four female, one male), one female nurse practitioner, one male physician associate, one female practice nurse, two healthcare assistants, one practice employed pharmacist, a business manager, a practice manager, and an experienced team of reception and administration staff. The practice is a teaching and training practice for GP registrars, medical students, physician associates and nurse students.

The practice is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at

1pm. The Sheffield GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered on a Wednesday evening until 8pm. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016. During our visit we:

- Spoke with a range of staff (three GPs, practice pharmacist, physician associate, gp registrar, nurse

Detailed findings

practitioner, a healthcare assistant, three reception staff, the business manager and practice manager) and spoke with six patients who used the service including members of the patient participation group (PPG).

- Observed interactions with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 31 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident the system for recording and monitoring the temperature of the medical refrigerators was reviewed and updated.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP 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 adults relevant to their role. GPs were trained to child 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a chaperone policy. Staff we spoke to had a clear understanding of their role. However, they were not following the practice's own policy with regards to who was responsible for recording who had chaperoned. The GP told us this would be reviewed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted there were some out of date consumables, for example, syringes in one of the consulting rooms. The practice manager told us these would be removed immediately.
- 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). We observed the medical refrigerators had one thermometer each for monitoring temperatures. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had recruited their own clinical pharmacist to assist with medicines management within the practice. The practice also carried out regular medicines audits, with the support of the pharmacist and the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses and the pharmacist

Are services safe?

had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They 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. The practice had a system for production of Patient Specific Directions (PSDs) to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse were on the premises for individual patients. However, we observed the PSDs used for immunisation clinics were not authorised by an appropriate prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the office area which identified the local health and safety representatives. 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, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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.

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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.8% of the total number of points available, with 9.8% exception reporting which is 0.5% higher than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

There was evidence of quality improvement including clinical audit.

- Performance for mental health related indicators was 2.3% below the CCG and 0.8% below the national averages.
- Performance for diabetes related indicators was 3.6% above the CCG and 4.8% above the national averages.
- There had been 10 clinical audits completed in the last year which were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, a recall system was implemented to ensure patients on medication used to treat fluid build up in patients who had heart failure, liver scarring, or kidney disease were seen for monitoring at the appropriate time.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentorship, meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support and signposted to the relevant services if required.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and we noted the practice had good uptake rates for these. 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 above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 96% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Feedback from patients about their care was consistently positive. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 31 patient CQC comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with six patients during the inspection. They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us all the staff at the practice were very helpful, caring and supportive.

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

- 100% 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%.
- 96% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 100% 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%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP would contact them or visit them to offer support and advice.

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 had participated in the local quality improvement scheme to review appropriate use of inhalers for patients who had a respiratory condition.

- The practice offered appointments to patients who could not attend during normal opening hours on a Wednesday evening. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability and the practice offered flexible appointments for patients from a local travelling community site.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the GP telephone consultation system.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and interpreter services available.
- The practice hosted an occupational health advisor who was able to support and advise patients on work related problems.
- The practice hosted a pain trainer who helped manage patients with chronic pain problems.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice was on the ground floor level. There were disabled facilities and other reasonable adjustments had been made for patients who find it hard to access services.

The practice was open with consultations available between 8.30am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm. The Sheffield GP Collaborative provided cover when the practice was closed on a Thursday afternoon. Extended hours appointments were offered until 8pm on a Wednesday evening. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them through the GP telephone consultation system.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national CCG average of 74% and national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. They told us the practice advertised on their quarterly newsletter which GP was on duty each day for telephone consultations so that they could ring to speak to the GP of their choice which they found helpful. We observed the next routine GP appointment was available on the day of the inspection. There were also appointments available the same day for minor illness problems with the physician associate and the following day with the practice nurse.

The practice had a system in place to assess:

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

The receptionist would put the request on the GP telephone consultation screen and colour code it to highlight to the GP there was a visit request. The GP would telephone the patient to review and arrange the visit as appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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.

- We saw an information leaflet was available to help patients understand the complaints system on the reception desk.

We looked at two of the five complaints received in the last 18 months and found these had been handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

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

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of the process for administering medicines under patient specific directions for healthcare assistant staff.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had arranged for an extra receptionist to answer the telephone at busy times. The group also contributed to the practice newsletter and had suggested an information notice board in reception. They also helped develop patient questionnaires and would come into the practice to encourage other patients in the reception area to complete them to support the practice gaining patient feedback. The members of the patient group we spoke to during the inspection told us how the practice

Are services well-led?

Good 

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

would arrange for speakers to attend the meeting. For example, the community support worker had attended a recent meeting to give an overview of her role which they found insightful.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was a focus on continuous learning and improvement at all levels within the practice. The practice had reviewed its workforce as part of its future business plan and had developed the practice skill mix. This included employing their own pharmacist to deal with medication reviews, patient discharges and medication changes and medication queries. They had also recruited a physician associate to deal with minor illness, long term conditions and mental illness and had a nurse practitioner who was also a prescriber.