# Care Quality Commission

# Heeley Green Surgery

**Quality Report**

302 Gleadless Road
Heeley Green
Sheffield S2 3AT
Tel: 0114 2507206
Website: www.heeleygreensurgery.co.uk

Date of inspection visit: 23 January 2018
Date of publication: 15/02/2018

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

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## Overall summary

**Letter from the Chief Inspector of General Practice**

**This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people living with dementia) - Good

We carried out an announced comprehensive inspection at Heeley Green Surgery on 23 January 2018 as a new provider had registered with CQC to provide regulated activities from this location in September 2017.

At this inspection we found:

- The practice had conducted safety risk assessments and there were action plans in place to address any risks identified.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect and patient feedback was positive about the care they received.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was a clear leadership structure and staff told us they felt respected, supported and valued. They felt part of a team and were proud to work in the practice.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

# Summary of findings

- Follow the significant event analysis (SEA) policy when reporting incidents.
- Review how the clinical meetings are recorded to ensure all in attendance are on the record and review the structure of the notes to ensure all items discussed are captured.
- Review the shared drive on the practice computer system to ensure the latest policies are accessible to staff.

- Consider risk assessments in relation to the security of the premises.
- Consider confidentiality at the front desk with regard to patients approaching the desk on an individual basis.

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

# Summary of findings

## The six population groups and what we found

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

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

# Heeley Green Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser. A practice nurse specialist adviser also attended as part of her CQC induction.

## Background to Heeley Green Surgery

Primary Care Sheffield Ltd became the registered provider who delivers regulated activities from Heeley Green Surgery in September 2017. Heeley Green Surgery is based in a purpose built health centre and is located at 302 Gleadless Road, Heeley Green, Sheffield S2 3AT. The practice accepts patients from Heeley Green and the surrounding area. Further information can be found at the practice website: www.heeleygreensurgery.co.uk

Public Health England data shows the practice population is similar to others in the NHS Sheffield Clinical Commissioning Group (CCG) area and the practice catchment area has been identified as one of the third most deprived areas nationally.

The provider holds, in partnership with the Sheffield Health and Social Care Trust, a General Medical Services (GMS) contract with NHS England for 5800 patients in the NHS Sheffield CCG area. It also offers a range of enhanced services such as contraceptive implants and childhood vaccination and immunisations.

Heeley Green Surgery has three male and three female salaried GPs, two practice nurses, one phlebotomist, a support manager and an experienced team of reception and administration staff. The provider offers additional management support from the service lead and the group manager of Primary Care Sheffield Ltd. Although the provider changed with the Care Quality Commission in September 2017, the same clinical and administration staff continued to work at the practice with the exception of the practice manager who left in December 2017 and was replaced by a new support manager.

The practice is open 8am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 6pm. Extended hours are offered until 8pm on Tuesday evenings and from 6.45am on Friday mornings. Morning and afternoon appointments are offered daily Monday to Friday.

When the practice is closed patients are automatically diverted to the out of hours service in Sheffield when they telephone the practice number.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. Where actions had been identified there were action plans in place to address risks identified with dates for completion. For example, a new fire alarm system was booked to be installed on 14 February 2018 and a fire drill was undertaken in January 2018 to ensure the current manual system for fire evacuation was operating effectively. The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse and there was a safeguarding policy in place which was regularly reviewed. A flowchart of who to go to for further guidance was available to staff on staff noticeboards.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed and the practice had recently recruited a receptionist and healthcare assistant who were due to start imminently.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had also developed an information and guidance sheet for the reception staff. One of the GPs had discussed this with them at an in-house training session to assist staff to recognise patients presenting with possible symptoms of sepsis and the response required to manage these patients safely.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

# Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had reviewed its safety systems and taken appropriate action to mitigate risks identified.

- There were comprehensive risk assessments in relation to most safety issues and we saw evidence of action plans to address risks identified. However, we noted a treatment room door had been left unlocked when not in use which was accessible to the public.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns, however, staff were not completing an individual incident form as specified in their policy. Staff would speak to the clinical lead who would complete a form if appropriate. Staff told us the GPs and managers encouraged and supported staff to report incidents.
- There were adequate systems for reviewing and investigating when things went wrong and the practice took action to improve safety in the practice. For example, the procedure for recording the daily temperature checks of the medical fridge had been reviewed. Staff told us this learning had been shared with them in a clinical meeting. However, we could not see a record of this in meeting minutes.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

## (for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups**

**Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 years could access a health check if requested. If necessary they were referred to other services such as voluntary services.
- 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 held a weekly meeting with the district nursing team to review the care plan of patients who had been identified as being a high risk of admission to hospital.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 86% and 93% which was mostly in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74% which was above the CCG average of 73% and national average of 72% and was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice used a flagging system to alert a vulnerable patient to the receptionist. For example, the system recorded if the patient required a double appointment slot or if they needed to see a specific clinician.

People experiencing poor mental health (including people living with dementia):

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. The practice had identified from the quality and outcome framework data that it had a high prevalence of patients registered at the practice who were diagnosed with a severe mental illness (1.4% compared to the national average of 0.9%). As a result the practice had developed a template for clinical staff to use to ensure the physical health needs of patients experiencing poor mental health were being addressed.

# Are services effective?

## (for example, treatment is effective)

For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 93% (CCG and national average 91%).

- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is 2% above the CCG average and 3% above the national average.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is 1% above the CCG average and 2% above the national average.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit to monitor and review treatment plans of patients with diabetes had been carried out. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in the local quality improvement scheme to review appropriate prescribing in line with the Sheffield formulary, including appropriate antibiotic prescribing. Data demonstrated that the practice was making improvements in line with the local guidelines.

The most recent published Quality Outcome Framework (QOF) results were 98.2% of the total number of points available which was 4.3% above the clinical commissioning group (CCG) average and 2.7% above the national average. The overall exception reporting rate was 8.8% which was 0.6% below the CCG average and 1.2% below the national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

These results were published prior to the new provider being registered with CQC, however, the procedure and system for reviewing patients with long term conditions had not changed and the clinical staff working at the practice remained the same. The provider shared current monitoring data which showed that the practice was progressing to deliver a similar outcome in 2017/18.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff supported patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

**Good** ●

# Are services effective?

## (for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

**Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Although the survey was completed prior to the new provider being registered with CQC, the GP, nursing and reception staff working at the practice remained the same. 240 surveys were sent out and 114 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.

- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

**Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers when they presented to the practice with the patient or as part of their own consultation. There was a poster in the waiting room encouraging carers to identify themselves to the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1.5% of the practice list). Staff told us patients who required support would be referred to support services, including to the community support worker who could assist in signposting carers to local support groups.

Staff told us that if families had experienced bereavement, their usual GP may contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services caring?

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 in line with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.

- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity. However, we observed patients accumulate around the reception desk as there was no designated area to wait until the receptionist was available.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

## (for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, GP telephone advice).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were offered to patients who had clinical needs which resulted in difficulty attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 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 provided medical care and weekly routine GP visits to patients who resided in a local care home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had not attended an appointment.
- The practice provided medical care to children in a secure children's unit.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning and late evening extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area.
- The practice hosted an occupational health advisor who provided information and advice for employed and unemployed people with work related health problems.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice is registered as a place of safety under the Sheffield Safe Places Scheme for patients in the locality, even if not a registered patient of the practice. It could offer use of a telephone to ring support services and signposting to the community support worker or other support organisations as appropriate.

People experiencing poor mental health (including people living with dementia):

# Are services responsive to people's needs?

## (for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia and staff had received dementia awareness training.
- The practice offered all patients on the register a double appointment slot when attending the practice and there was a flagging system on the computer to alert reception that they may require extra support when accessing services.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Appointments were released on the day. When the appointments were gone urgent requests would be triaged by the duty doctor.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. All the 24 CQC comment cards we received and patients we spoke with were positive about their experience of making an appointment with the exception of one comment regarding ringing the practice at 8am whilst at work was difficult. Staff told us patients were able to book appointments online. The appointment system had not changed since the new provider registered with CQC in September 2017. 240 surveys were sent out and 114 were returned. This represented about 2% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 89% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 89% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed one complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, practice policies had been reviewed to ensure they included the current referral criteria to local schemes.

# Are services well-led?

**Good** ●

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. Primary Care Sheffield Ltd, registered with CQC in September 2017 as the new provider for this location. However, the GPs, nurses and administration staff working in the practice remained the same as under the old provider. The practice manager had left in December 2017 and a new support manager had recently been appointed. The new provider was able to provide an overarching management structure with support from a group manager and the service lead.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The practice was a teaching and training practice for GP registrars and medical students.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were accessible to staff on the computer's shared drive system. However, it was not easy for staff to locate the latest version of a policy as there were a number of old policies stored in the same place.

# Are services well-led?

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

**Good** 🟢

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had conducted safety risk assessments and there were action plans in place to address any risks identified.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of medicine alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, one of the GPs had won a NHS leadership academy award in 2017 for completing an analysis of the appointment system and implementing a new system to improve access for patients.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Clinical meetings were held weekly. Minutes of these were kept although it was not clear from the minutes who had been in attendance and some of the items staff told us had been discussed were not documented. For example, significant events, safety alerts and safeguarding updates.

- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had had discussions with members of the patient group and staff with regard to increasing nurse provision and have subsequently recruited a healthcare assistant to undertake some duties currently undertaken by the practice nurse.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, reception staff were booked onto a care navigation training course to improve their skills to navigate patients as effectively as possible through the appointment system.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. The provider shared learning with the practice of incidents from other practices it was responsible for. Learning was shared and used to make improvements.

# Are services well-led?

**Good** ●

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

- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.