Jordanthorpe 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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Requires improvement**
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 Jordanthorpe Health Centre (The Clover Group) on 14 and 15 November 2016. Overall the practice is rated Requires Improvement.

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

- There was a system in place for reporting and recording significant events.
- Risks to patients who used services were assessed, however, the systems and processes to control these risks were not implemented well enough to ensure patients were always kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff told us they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to access appointments and improvements to access had not been actioned.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff told us they 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 an area of outstanding practice:

Mulberry Practice was set up in Sheffield in 2002 when it became a dispersal city (key area of accommodation) for asylum seekers. They recognised the very different health needs and demands on general practice this population presents, and that services needed to be adapted to be made more suitable. The practice has developed over time and now provides a comprehensive holistic service that meets the needs of their population.

Summary of findings

The areas where the provider must make improvements are:

- The provider must review the procedures for sharing communications from secondary care providers to ensure care and treatment remains safe for people using the service and arrangements are in place to share and identify safeguarding concerns.
- The provider must update risk assessments for the management of legionella at all locations.
- The provider must review and improve access to the practices by telephone and improve appointment availability with consideration for patient feedback.
- The provider must monitor progress against action plans to improve the quality and accessibility of services.
- The provider must review assessments to ensure that premises and equipment are appropriately used and maintained.

The areas where the provider should make improvement are:

- The provider should put systems in place to record receipt of blank prescription forms at Highgate.
- The provider should risk assess the use of blinds and the type of blind cords used at all locations in line with advisory Department of Health guidance, February 2015.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients who used services were assessed, however, the systems and processes to control these risks were not implemented well enough to ensure patients were always kept safe.
- The external door in the kitchen area at the Mulberry site opened onto a small concrete path. The door was not internally marked although did have an external sign stating that it was a 'Fire exit', we were advised that this was a fire exit from the courtyard. The external area to the lower basement was not appropriately lit and would be unsafe to use in an emergency as the steps were steep, the floor was covered in moss and there was no hand rail. The fire risk assessment of the Mulberry premises in the observations and comments section noted 'The external area located outside the Lower Basement has Waste Bins obstructing the fire escape route'. The bins were still present at the time of inspection.
- There were inconsistencies in the way that legionella risks were monitored. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Darnall and Jordanthorpe sites had up to date copies of the risk assessments. However, the Mulberry risk assessment dated 21 October 2008 and Highgate risk assessment dated 15 August 2014 had not been reviewed. All sites were taking some actions, such as flushing unused outlets, to reduce the risk of legionella.
- The group had a central system for managing incoming post and the management of letters. Changes to the way tasks were managed had recently been implemented. We found some inconsistencies in management of these tasks. For example, how information was communicated about attendance at accident and emergency. Some tasks had been transferred from practice nurses to administration staff to release clinical time. We asked to see a procedure for management of these tasks however administration staff told us they did not have one. We spoke to clinical staff who told us they were confused about the actions they should take and they were unaware of any policy.

Summary of findings

- The calibration of the defibrillator at Darnall which was due in May 2015 had not been completed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, patients we spoke with on the day of inspection told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements.
- Feedback from patients from Jordanthorpe, Darnall and Highgate highlighted that access to a named GP, appointments and continuity of care was poor. At Highgate clinic they held a walk in clinic each day. We were told that patients started to queue for the walk in service from 7.30am to try to secure an appointment. At Darnall clinic patients commented that they had difficulty accessing the practice by telephone. Some appointments were released daily, when these were used, the

Summary of findings

receptionist assessed the urgency of the request following a flow chart and added them to a list for the duty doctor to assess. At Jordanthorpe the next routine GP appointment was 20 December. Patients queued outside the building to secure a same day appointment and they also told us that access was poor.

- There were good facilities at Jordanthorpe, Darnall and Highgate to treat patients and meet their needs. The premises at Mulberry had been identified as requiring review as clinic rooms were shared with other staff and the vaccine fridge was stored in the basement area due to lack of space.
- 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?

Good

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

- The provider had a vision and a strategy, staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and quality care. However there was a lack of clarity in the lines of accountability. . This included arrangements to monitor and improve quality and to manage and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The provider sought feedback from staff and patients. However action plans to implement changes and improvements were not sufficiently detailed to monitor progress.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

People with long term conditions

Requires improvement

The practice is rated as Requires Improvement 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.
- Performance for diabetes related indicators was 98%, which was 7% higher than the CCG average and 9% better than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 86%, which was below to the CCG average of 89% and the national average of 90%.
- 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.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure continuity of care.
- The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers, refugees and those with a learning disability.
- Mulberry Practice was set up in Sheffield in 2002 when it became a dispersal city (key area of accommodation) for asylum seekers. The practice has developed over time and now provides a comprehensive holistic service that meets the needs of their population.
- The practice offered longer appointments available for patients who needed them including those accompanied by an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was 7%worse than the national average.
- Performance for mental health related indicators was 88%, which was 4% below the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Action plans to implement changes and improvements to access were not sufficiently detailed to monitor progress.
- The provider did not have a procedure in place for sharing communication from secondary care providers.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The survey was completed for the provider, Clover Group Practice; therefore the results quoted are for the Clover Group as a whole rather than individually for the four GP practices within the group. The results showed the provider was performing below local and national averages. 340 survey forms were distributed and 100 were returned. This represented 0.6% of the provider's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received. We spoke with 27 patients who said staff were helpful and caring. The less positive comments related to access to the practices by telephone and also access to GP appointments with long waits for a routine GP appointment.

We spoke with seven members from the three patient participation groups (PPG). Their feedback reflected the comments above.

Jordanthorpe Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team over two days was led by an inspection manager, five CQC inspectors and two GP specialist advisers.

Background to Jordanthorpe Health Centre

The provider Sheffield Health and Social Care NHS Foundation Trust provides a wide range of specialist mental health, learning disability, drug and alcohol misuse and social care services to the people of Sheffield.

From 1 April 2011 it became the provider of additional community and primary care services known as The Clover Group. The group which is made up of the main site at Jordanthorpe and three branches at Darnall, Highgate and Central Health Clinic also known as Mulberry.

The organisation is an NHS Foundation Trust, accountable to Monitor and the Department of Health.

The four Clover Group Practices we inspected serve some of the city's most vulnerable areas. They have over 16,437 patients with 60% of the patient population from black and other ethnic communities. There are significant numbers of European migrants registered with the practices. The branch known as Mulberry is based in Sheffield City Centre and provides a specialist service to asylum seekers. This service includes a resettlement programme for immigrants entering the country and providing GP access to the homeless population and victims of trafficking.

The clinical team comprises of 9.95 whole time equivalent (WTE) salaried GPs, 5.63 advanced nurse practitioners, 3.9 WTE practice nurses, 1.89 WTE health care assistants and 0.99 WTE phlebotomists. The clinical team are assisted by support managers at three sites and a large administration and reception team. There is also a central senior management team which includes a Service Manager, Clinical Director and Practice Manager.

The practices are open between 8am and 6pm on Monday, Tuesday, Wednesday and Friday. On Thursdays the telephone lines closed at midday at three sites and calls are transferred to the Mulberry practice where there is a duty doctor on call.

Appointments are available at various times during the day across all sites these include walk in clinics, pre bookable appointments and telephone triage. One of the practices that we did not visit as part of this inspection offered Saturday morning clinics which were available to all patients within the group. Patients had access to the services provided through the Prime Minister's Challenge Fund to hub sites across the City up until 10pm during evenings and weekends.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visits to the Mulberry site and the Darnall site on 14 November 2016 and Highgate and Jordanthorpe on 15 November 2016.

During our visit we:

- Spoke with a range of staff (four members of the management team, eight GPs, seven practice nurses, 21 reception and administrative staff, a healthcare assistant, three support managers, a pharmacist, an operational lead and a practice manager) and spoke with patients who used the service.
- Observed how staff spoke with patients, carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the support manager of any incidents and there was a significant event recording form available on the practice's computer system and a SHSC incident reporting form reporting form. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw 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 provider carried out analysis of the significant events.

We reviewed safety records, incident reports 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, we were told how the emergency procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Staff, at the practice where this incident had occurred, were able to tell us about the incident and the changes which had been made as a result.

Overview of safety systems and processes

The provider had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding at each site. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. The lead nurse for the group was trained to level two and level three training was scheduled for 21 December 2016.
- The group had a central system for managing incoming post and the management of letters. Changes to the way tasks were managed had recently been implemented. We found some inconsistencies in management of these tasks. For example, how information was communicated about attendance at accident and emergency. Some tasks had been transferred from practice nurses to administration staff to release clinical time. We asked to see a procedure for management of these tasks however administration staff told us they did not have one. We spoke to clinical staff who told us they were confused about the actions they should take and they were unaware of any policy.
- We observed notices in the waiting rooms to advise 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 practices maintained appropriate standards of cleanliness and hygiene. We observed the premises we visited to be clean and tidy. A practice nurse at each site was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was aninfection prevention and control protocol in place and staff had received up to date training. We noted some inconsistent practice across the four sites. Monthly audits of areas cleaned were undertaken and daily records of cleaning were maintained at three sites but at the Darnall site daily records were not maintained. After the inspection we were told that daily cleaning records had been introduced at the Darnall Site.
- Annual infection prevention and control audits were completed. Two sites completed weekly infection prevention and control checks. These checks were not completed every week at the Mulberry site and were only carried out monthly at the Jordanthorpe site.

Requires improvement

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Although monitoring records of stock expiry dates recorded that a Chlorphenamine ampoule (a medicine to treat an allergic reaction), which had expired in October 2016, at the Highgate site had been replaced this had not been removed and the new medicine as indicated on the records was not available.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, at Highgate a record was not maintained when the blank prescriptions were received into the practice although a record to monitor their use was maintained. Several of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They told us they felt supported by 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. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found all recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- We looked at a number of GP locum files. The group procedure stated the support manager would obtain the following information from the GP: GMC registration, curriculum vitae, medical performers list and qualifications. DBS checks were not required. The actual information kept at the practice for locum GPs varied. For example, at Jordanthorpe one GP file contained only medical indemnity and GMC information. Another contained details of the medical performers list, GMC registration and CV. Details of qualifications were not kept.

Monitoring risks to patients

Some risks to patients were assessed and managed and others required improvement.

- There was a health and safety policy available at each site with posters displayed which identified local health and safety representatives. Staff reported concerns relating to the environment on a risk log which documented the specific actions taken. We saw copies of the risk assessments relating to each site.
- The external door in the kitchen area at the Mulberry site opened onto a small concrete path. The door was not internally marked although did have an external sign stating that it was a 'Fire exit', we were advised that this was a fire exit from the courtyard. The external area to the lower basement was not appropriately lit and would be unsafe to use in an emergency as the steps were steep, the floor was covered in moss and there was no hand rail. The fire risk assessment of the Mulberry premises in the observations and comments section noted 'The external area located outside the Lower Basement has Waste Bins obstructing the fire escape route'. The bins were still present at the time of inspection.
- We were shown fire risk assessments of the areas of the building occupied by the practices. Darnall had a fire risk assessment which had been completed 13 November 2015. Regular fire drills were carried out and daily checks of fire escape routes completed and the fire alarm tested weekly. Staff had completed fire awareness training. Two fire extinguishers at Mulberry were due for servicing in September 2016 and one in October 2016. This had not been completed at the time of inspection.
- We saw that blinds in the Mulberry and Jordanthorpe sites did not meet advisory Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement.
- There were inconsistencies in the way that legionella risks were monitored. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Darnall and Jordanthorpe sites had up to date copies of the risk assessments. However, the Mulberry risk assessment dated 21 October 2008 and Highgate risk assessment dated 15 August 2014 had not been reviewed. All sites were taking some actions, such as flushing unused outlets, to reduce the risk of legionella.

Requires improvement

Are services safe?

- Risk assessments to ensure the safety of the premises such as control of substances hazardous to health and infection prevention and control had been carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practices 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked, except Chlorphenamine at the Highgate site, were in date and stored securely.
- The practices had oxygen available on the premises with adult and children's masks. The calibration of the defibrillator at Darnall which was due in May 2015 had not been completed. The support manager told us, following the inspection; an urgent test had been arranged for the following week. A first aid kit and accident book was available.The group had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility companies.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had 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 provider had achieved 98% of the total number of points available with a total exception rating of 13%. (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). The results quoted are related to the provider, Clover Group Practice, as a whole, and are not individual to the four practices within the group.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 98%, which was 7% higher than the CCG average and 9% better than the national average.
- Performance for mental health related indicators was 88%, which was 4% below the CCG and national average.

We observed the majority of indicators were above local and national averages with the exception of Dementia 90%, 6% below CCG and national averages, mental health 88%, 4% below CCG and national averages, secondary prevention of coronary heart disease 91%, 5% below CCG and National averages and stroke 95%, 2% below CCG and national averages.

Exception rate reporting was higher than average in Asthma, Diabetes, Cancer, COPD, heart failure and mental health. We discussed these results with the GPs and found there was no formal policy for exception reporting.

There was some evidence of quality improvement including clinical audit. We reviewed some audits completed in the last two years, two of these were completed audits where the improvements had been implemented and monitored. For example, recent action taken as a result included reviewing all patients taking steroids to ensure they were offered medicines to prevent osteoporosis.

Effective staffing

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

- The practice had a detailed and extensive induction programme for all newly appointed staff. This included four day mandatory training which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses. Staff received an annual appraisal.

Good

Are services effective?

(for example, treatment is effective)

- 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, in-house training and external training events.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. Meetings took place with other health care professionals at regular intervals at each site 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and podiatry. Patients were signposted to the relevant service.
- The group had identified smoking cessation advice uptake was low and staff were encouraged to promote the advice during consultations with patients.
- Staff at Highgate worked very closely with the Roma Slovak project staff to provide health education to this patient population group. This included advice to encourage engagement with the national screening programmes. For example, to promote cervical screening and hepatitis B testing.
- Staff at the Mulberry site engaged with the refugee council and various charities including the City of Sanctuary who provided support such as signposting to other services.
- The Darnall site hosted and worked closely with the Darnall Well Being Project. The project offered health and social care support through health trainers and practice champions to patients at the practice and the wider population of Sheffield.
- The provider used interpreters across all of the sites. A number of clinics and walk-in sessions were held with interpreters present to support patients whose first language was not English.
- The Jordanthorpe site hosted a podiatry clinic, diabetic eye screening and physiotherapy services.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 89% and the national average of 90%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Staff worked with a number of population groups to educate them on the importance of screening and offered screening opportunistically.

The practices demonstrated how they encouraged uptake of the screening programme by providing information in different languages at the Mulberry site and ensuring a female sample taker was available. The practices also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were 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.

Good

Are services effective?

(for example, treatment is effective)

New patients registering at the Mulberry site and Highgate had access to appropriate health assessments and checks and interpreters were available on site for these sessions. New patients registering at Jordanthorpe were offered health checks with the healthcare assistants. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Most of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were helpful and treated them with dignity and respect.

We spoke with seven members from the three patient participation groups (PPG). They also told us their dignity and privacy was respected.

Results from the national GP patient survey the group were below average for their satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 94% 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%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% 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 we spoke with 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 in line with local and national averages. For example:

- 85% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We observed the group provided facilities to help patients be involved in decisions about their care:

- We saw a wide range of interpretation services were available for patients who did not have English as a first language. We saw notices in different languages in the reception areas informing patients this service was available.
- Some information leaflets were available in different languages.

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 in different languages at Mulberry. Information about support groups was also available at all sites and on the group website. GPs and other staff also referred patients on to other appropriate support services.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 187 patients as carers (1% of the practice list) across the four sites. Written information was available to direct carers to the various avenues of support available to them. A two hour carer's clinic was hosted by carers in Sheffield every six weeks at the Darnall site. Patients could self-refer or be referred by practice staff for support.

We observed that staff at the Mulberry site would walk new patients around to the chemist to show them how to present their prescription and obtain medications. They would also walk them around to the charity organisations in the area if needed.

Staff told us that if families experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a meeting at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider reviewed the needs of its local population and engaged with the NHS England Area Team.

- One of the practices that we did not visit as part of this inspection offered Saturday morning clinics which were available to all patients within the group. Patients had access to the services provided through the Prime Minister's Challenge Fund across the City up until 10pm during evenings and at weekends.
- There were longer appointments available for patients with a learning disability and those who needed interpreters.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS at one of the sites in the group
- There were disabled facilities, a hearing loop and wide ranging interpretation services available across all sites.
- There were good facilities at Jordanthorpe, Darnall and Highgate and were well equipped to treat patients and meet their needs. The premises at Mulberry had been identified as requiring review as clinic rooms were shared with other staff and the vaccine fridge was stored in the basement due to limited space in the clinical areas.
- Mulberry Practice was set up in Sheffield in 2002 when it became a dispersal city (key area of accommodation) for asylum seekers. The practice has developed over time and now provides a comprehensive holistic service that meets the needs of their population.

Access to the service

Each site was open between 8am and 6pm on Monday, Tuesday, Wednesday and Friday. On Thursdays the telephone lines closed at midday at three sites and calls were transferred to the Mulberry practice where there was a duty doctor on call. Appointments were available at various times during the day across all sites these included walk in clinics, pre bookable appointments and telephone triage. One of the practices that we did not visit as part of this inspection offered Saturday morning clinics which were available to all patients within the group. Patients had access to the services provided through the Prime Minister's Challenge Fund across the City up until 10pm during evenings and weekends.

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

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they had experienced difficulties in getting appointments when they needed them.

At Highgate a walk in clinic was held each morning after which GP telephone triage was in place. The first pre-bookable appointment for a GP at the Highgate clinic was 12 December 2016 and for the nurse practitioner the 2 December 2016. There was an on-line GP appointment available on 21 November. We were told that patients started to queue for the walk in service from 7.30am to try to secure an appointment. Some patients told us that they found it uncomfortable to stand outside in a queue in the cold weather particularly if they were older or unwell. Whilst the practice staggered the appointments for the walk in clinics some patients found the waiting time too long. Other patients told us the walk-in clinics worked well for them. Patients told us that there was a lack of continuity of care due to the use of locum doctors and staff changes.

At Darnall clinic patients commented that they had difficulty accessing the practice by telephone. Some appointments were released daily, when these were used, the receptionist assessed the urgency of the request following a flow chart and added them to a list for the duty doctor to assess. The staff told us they had training from the support manager but had not had training from any clinical staff. The next routine GP appointment available at the Darnell clinic was on 12 December. There were no on-line appointments available. Patients told us that there was a lack of continuity of care due to the use of locum doctors and staff changes.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

At Jordanthorpe the next available routine GP appointment was 20 December 2016. Patients queued outside the building to secure a same day appointment and they told us that access was poor. Patients told us that there was a lack of continuity of care due to the use of locum doctors and staff changes.

When we discussed the waiting time for appointments we were told there were a number of staff changes planned to improve access but these were not in place at the time of the inspection. For example, we were told that the locum GP sessions at Jordanthorpe had not yet been arranged and this would provide more routine GP appointments during November and December 2016.

Data, for example NHS Choices and the National Patient Survey, showed that patient dissatisfaction with access to the services was a long standing issue across all sites. The provider told us they had reviewed the systems in place and had developed an action plan. The action plan did not contain sufficient information about who was responsible for carrying out the actions, process steps or how the impact on patient experience was monitored and reviewed.

The provider shared documents which showed a number of actions to improve access had been implemented however we noted these had not sufficiently impacted on the service to provide any consistent improvement for patients.

At three out of the four sites, the practice had a system in place to assess:

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

This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Mulberry clinic did not offer home visits as it was a nurse led service.

Listening and learning from concerns and complaints

The provider 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.
- We saw that information was available to help patients understand the complaints system
- At Highgate and Darnall the service coordinator responded to verbal complaints and recorded and reported these.
- We saw at Jordanthorpe there was a complaints leaflet on the wall and we were told that copies were available from the reception.

We looked at thirty seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

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 provider had adopted the trust's vision, values and strategic aims to deliver high quality care and promote good outcomes for patients.

- The provider had a mission statement which was displayed at the locations and staff knew and understood the values.
- The provider had a strategy and supporting improvement plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This framework outlined the structures and procedures in place. The provider was part of the trust service directorate with identified lines of accountability through the trust organisational structure. However there were some gaps and duplication in the lines of accountability. This meant that:-

- There was a staffing structure and most staff were aware of their own roles and responsibilities.
- The group had some operational and clinical policies and procedures specific to the primary care locations.The Clover Group locum procedure was not consistently applied across the three sites and the sites kept different information on locum GPs.
- The Clover Group followed the trust's policies and procedures and had developed some specific protocols for the practices. However, these did not cover all site specific procedures for example secretarial tasks such as the management of clinical post into the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider management team told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff. At the time of the inspection a process of change had recently been implemented, which provided an opportunity to redesign services and improve consistency across the locations.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The provider 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.

- However there was an inconsistency in the frequency of meetings with non-clinical practice staff. For example staff at the Darnall site had had a meeting two weeks prior to the inspection, but had not had any site meetings for during the four months prior to that.
- Staff told us there was an open culture 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. All staff were involved in discussions about how to run and develop the services.

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

The provider encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. They gathered feedback from patients through the two patient participation groups (PPG) at Jordanthorpe and Highgate and Darnall joint group. The PPG's met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients at the Jordanthorpe site a sign to ask patients to stand behind at the reception desk was erected to promote confidentiality at the reception desk. The Highgate and Darnall group told us they felt listened to but did not feel there were any changes made. For example, the members we spoke with

Are services well-led?

Good

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

told us access to appointments had been discussed at every meeting for the last five years and although some changes had been made these had not improved the service.

The provider shared documents which showed a number of actions to improve access had been implemented however we noted these had not sufficiently impacted on the service to provide any consistent improvement for patients. The action plan to improve access to services at all locations did not contain sufficient information about who was responsible for carrying out the actions, process steps or how the impact on patient experience was monitored and reviewed.

The provider had gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussions. 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 practices were run.

Continuous improvement

The provider had an improvement plan in place for 2016/17. This plan documented how the provider aimed to develop the organisation and redesign the services to make them more efficient and effective. At the time of the inspection the plan was not sufficiently detailed to identify specific actions or timescales.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The provider did not have a system in place for reviewing the risks associated with legionella at all locations. The provider did not have a procedure in place for sharing communication from secondary care providers to ensure care and treatment remains safe for people using the service. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider sought feedback from staff and patients. However action plans to implement changes and improvements were not sufficiently detailed to monitor progress. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.