

# Sothall and Beighton Medical Practice

## Quality Report

Sothall Medical Centre  
24 Eckington Road  
Sheffield  
South Yorkshire  
S20 1HQ  
Tel: 0114 228 4900  
Website: [www.sothall.net](http://www.sothall.net)

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sothall and Beighton Medical Practice on 12 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had implemented a business plan and the staff planned to review the present appointment system to see how the practice can improve availability and access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The staff were aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Make sure patients can access information relating to how to complain on the practice website and in the waiting room.
- Continue to monitor and review the appointments system to ensure it meets patients' needs.
- The defibrillator at the Sothall practice did not have paediatric pads.
- The practice had identified only 50 patients as carers. The provider should review processes to ensure that patients who are carers are identified.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- In response to difficulties in recruiting GPs. The practice had reviewed its skill mix and recruited a physician's associate and a pharmacist.

However:

- The defibrillator at the Sothall practice did not have paediatric pads.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

However:

The practice had identified only 50 patients as carers. Identifying a patient as a carer can help the GPs to provide information and support to the carer.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had consulted with the local community and the Clinical Commissioning Group about how to improve the service at Beighton.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- In response, to patient feedback about the difficulty in accessing appointments, the practice had implemented a business plan and was planning a further review to improve the system.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised. However, the complaints procedure was not on the practice website or in the patient waiting room.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifying safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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 and longer appointments for those with enhanced needs.
- The practice held monthly meetings to discuss patient's needs and to help reduce admissions to hospital. The meetings included a wide range of health care professionals, from the wider primary care team. For example, health care support workers, therapy assistants, and representatives from Age UK.

### People with long term conditions

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

Good



- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- GPs followed person centred care planning (PCCP) approach for patients with diabetes to ensure the patient's full needs were met.
- The GPs involved patients in their care and invited patients with diabetes to a meeting to hear their views and share their experiences.
- A lead GP and a health trainer offered support to patients with long-term pain. As a result, a significant number of patients had attended a weekly swimming group.
- Patients with diabetes that had an influenza immunisation was 98% compared with a CCG average of 96% and the national average of 94%.
- Longer appointments and home visits were available when needed.

### Families, children and young people

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

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 89% and the national average of 81.8%.
- Appointments were available outside of school hours everyday at the Sothall Practice and both the premises were suitable for children and babies.
- Acutely ill children were prioritised for appointments.
- We saw positive examples of joint working with health visitors and Improving Access to Psychological services (IAPT).

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

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

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had appointments available from 7.30am most mornings and up to 8pm one evening a week to ensure accessibility for working people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered NHS health checks for the over 40's.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



# Summary of findings

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

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

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

- 100% of patients with a mental health problem had a comprehensive, agreed care plan documented in the last 12 months. This was significantly better than the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients had access to IAPT psychological services in the practice. (Improving Access to Psychological services).

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line or below local and national averages. 222 survey forms were distributed and 120 were returned. This represented approximately 1% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and 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 22 comment cards that were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, six patients commented about having difficulty in making an appointment.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought most staff were approachable, committed and caring. However, two patients commented about the difficulty in making an appointment.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened to their views and responded when they raised concerns. They said the triage system had improved access to appointments for patients and that often patients complained because they did not fully understand the system.

The friends and family test between September 2015 and October 2016 asked 85 patients if they would recommend the services to family and friends, 74 patients stated that they would be likely or extremely likely to recommend the practice.

In response to the national GP patient survey, the practice had reviewed the patient survey and implemented a business plan, and the practice was planning to review the present appointment system to see where it could be improved. We also noted this was following the loss of GPs and nursing staff and the practice was recruiting to or had recruited to vacant posts.

# Sothall and Beighton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Sothall and Beighton Medical Practice

Sothall and Beighton Medical Practice has a main surgery at Sothall and a branch surgery at Beighton.

- Sothall Medical Centre, 24 Eckington Road, Sheffield, S20 1 HQ.
- Beighton Health Centre, Queens Road, Sheffield, S20 1BJ.

The practice provides general medical services for 10,339 patients. It is also contracted to provide other enhanced services, for example: patients with learning disabilities, minor surgery and shingles immunisation. The practice population of Sothall and Beighton live in one of the lesser deprived area according to the National Census Data in 2011.

Both the practice and the branch are located in a residential area on the outskirts of Sheffield.

There are five GP partners (four female and one male), a pharmacist, and a physician's associate. There are two

practice nurses, two healthcare assistants and a phlebotomist. Who are supported by a practice manager, assistant practice manager, a business manager, and eight reception and administration staff.

Sothall practice opening hours are Monday, Tuesday Wednesday and Friday from 7.30am to 12.30pm and from 1.30pm to 6pm, with the exception of Tuesday where the surgery opens at 8am with extended hours until 8pm. On Thursday, the practice is open from 7.30am to 12.30am. Beighton Practice offers appointments on a Monday and Thursday afternoon.

Patients can make appointments by telephone and in person. Appointments can be requested the same day or pre-bookable appointments are available one week in advance. The practice operates a telephone triage system, for patients who want a same day appointment and call the practice between 8.30am and 10.30am.

The practice is part in the Prime Minister's GP Access Fund and offers an out of hours service with other services at a nearby practice from 6.30pm to 10pm Monday to Friday and 10am to 6pm on Saturday and Sunday. For all other times the patients can use the 111 service.

The practice has Primary Medical Services (PMS) contract in the NHS Sheffield Clinical Commissioning Group (CCG) area. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016 to both Sothall Medical Centre and Beighton Health Centre. During our visit we:

- Spoke with a range of staff (three GPs, a physician's associate, a practice nurse, the practice and business managers and an administrator) and spoke with three patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed policies and procedures.

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 with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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. For example, staff found the vaccines had not been stored at the correct temperature to guarantee they were safe to use. Following the discovery, staff made changes to the refrigerator, and immediately implemented a plan to ensure that staff contacted all of the patient's affected and offered further vaccines. They also informed the local Clinical Commissioning Group and NHS England.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the staff completed a significant event log, which included a list of actions needed to improve the practice and the date it had to be completed by. The log was reviewed by the executive GP, the practice manager and shared with staff at clinical and plenary meetings. For example, the pharmacy had incorrectly delivered controlled drugs to the surgery. To prevent a reoccurrence staff updated the policy to include delivery guidelines and shared this with staff and the pharmacy.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the practice nurse to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

## Are services safe?

legislation. (Patient group directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Three GPs, a practice manager, and two nurses had left the practice in 2015/2016. However, the practice had reviewed its skill mix and employed a pharmacist and a physician's associate, who were able to see patients with minor illnesses and review medication. This helped to free up the GP, so they

could attend to more complex cases. In addition the practice was recruiting to other clinical posts. To date they had also successfully recruited a practice manager and two nurses. (Physicians associates (PAs) complete a post graduate diploma in physician associate studies. Their role was to work closely with supervising GPs, supporting the delivery of health care. The Faculty of Physicians Associates under the umbrella of the Royal College of Physicians support them.)

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, we noted the defibrillator at the Sothall practice did not have paediatric pads. We were told on the day of inspection that this issue would be addressed.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant 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.

### 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 published results for 2015/2016 were 97% of the total number of points available. This was better than the CCG average of 95% and the national average of 95%.

The overall exception reporting for 2015/2016 was 3% above the CCG average and above 2.5% above than the national average. The practice explained that the benefits of monitoring health was clearly explained to the patient's and staff offered patients three appointments before reporting them as a exception. (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 the side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes who have had a influenza immunisation was 97.7% compared to the CCG average of 96% and the national average of 94.5%.
- Performance for mental health related indicators was better to the national average. For example, the percentage of patients living with dementia whose care had been reviewed in a face-to-face interview was 94% compared with the CCG average of 86% and the national average of 84%.

- Childhood immunisation was similar to the national average from 12 months of age. However, it was slightly less than the national average for the 0 to 12 months, the GP explained this was because of the loss of the nursing staff earlier in the year.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, all of these were completed audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following the chronic kidney disease (CKD) audit in 2015, staff discussed the finding at clinical meetings resulting in a raise in the number of patients on the CKD practice register. The register enabled staff to make sure they monitor the patient's health.
- Patients with diabetes had been selected to pilot person centred care planning (PCCP) to help to ensure the patients needs were met. Patients with type two diabetes had been invited to an open meeting to discuss their condition and for the practice to hear their views.
- Patients with long-term pain were supported by a lead GP and a health trainer. As a result, a significant number of patients had attended a weekly swimming group, which had help to improve their pain management.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurses were completing their preceptorship programme with Sheffield University. In addition, they had the opportunity to carry out joint clinics with an asthma specialist nurse and a respiratory nurse.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

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. All staff said they had received an appraisal within the last 12 months. However, this was not reflected on the computer system that recorded appraisal and training. The practice manager explained the computer system was new and not fully updated.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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, 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 on a monthly basis where care plans were 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.
- Consent forms were completed for minor surgical procedures.

### 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, smoking and alcohol cessation, diabetes and asthma. Patients were signposted to the relevant service. The GPs had considered the use of group appointments for patients with diabetes to enable patients to share their experiences.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 89% and the national average of 81.8%. The practice encouraged the uptake of cervical screening for patients with a learning disability at their annual review. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening

Childhood immunisation rates for the vaccinations given were comparable or better than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 89% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, six patients commented on the difficulty of getting an appointment.

We spoke with seven members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened to their views and responded when they raised concerns. Although patients had complained about the appointment system, the triage system had improved access to appointments for patients. In response to the patient's complaints the PPG planned to explain the system in the PPG quarterly newsletter.

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

- 94% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 98% 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%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 92% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice had responded to this result by providing customer service training.

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

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

The practice had developed a person centred care planning (PCCP) approach. The process helped to make sure the practice met all the patient's needs. This was available on the Clinical Commissioning Group (CCG) website as an example to other practices of how to deliver person centred care.

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 83% and the national average of 82%.

## Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.
- 74% said they would recommend this practice compared to the CCG average of 77% and the national average of 78%.

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

- The practice had a small number of patients who did not have English as a first language. Interpreter services and practice leaflets were available on request.
- One of the GPs had developed a short questionnaire for patients to complete whilst waiting for their appointment which related to why they had visited that day. This acted as a reminder of the issues they wished to address during the appointment.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified only 50 patients as carers. The GPs used this information to help them identify when a carer may need further support or so they could offer a flexible appointment. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or carried out a visit. For patients who required palliative care the GPs offered a named GP and buddy system and met regularly with the palliative care team and McMillan nurses.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered appointments from 7.30am four mornings a week and was open until 8pm on Tuesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop at the Beighton practice and translation services available.
- The consultation rooms were on the ground floor.
- Patients had access to Improving Access to Psychological services (IAPT) in the practice.
- Patients had access to a occupational health advisor, who was able to support and advise patients on work related problems.
- Patients with long-term pain were supported by a lead GP and a health trainer.
- 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.

### Access to the service

Sothall practice opening hours are Monday, Tuesday Wednesday and Friday from 7.30am to 12.30pm and from 1.30pm to 6pm, with the exception of Tuesday where the surgery opens later at 8am because it offers extended hours until 8pm. On Thursday, the practice is open from 7.30am to 12.30am. Beighton Practice opens for less hours, appointments are available on a Monday and Thursday afternoon. However, this was not reflected on the website.

- Appointments can be requested the same day or pre-bookable appointments are available one week in advance. In addition
- The practice operated a telephone triage system, for patients between 8.30am and 10.30am for patients who wanted an appointment on the day. A duty GP called back the patient's, assessed their needs and either dealt with the issue or offered further appointments or a home visit if required. The telephone triage system enabled the GP's to offer a tailored appointment for patients with specific needs. For example, longer appointments for those with complex needs.
- The practice is part of the Prime Minister's GP Access Fund and offers out of hours service with other services at a nearby practice from 6.30pm to 10pm Monday to Friday and 10am to 6pm on Saturday and Sunday. For all other times the patients have access to the 111 service.

Results from the national GP patient survey 2015/2016 showed that the patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% national average of 73%.

Seven patients out of 22 stated on the comment cards that they had difficulty making an appointment. The PPG members said that the system enabled patients to make an appointment but often patients did not fully understand the system.

In response to the national GP patient survey, the practice had reviewed the patient survey and implemented a business plan, and the practice was planning to review the present appointment system to see where it could be improved.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had two designated responsible people who handled all complaints in the practice. However, we found this had led to staff responding with a lack of impartiality to a complaint. On the day of inspection we raised this with the business manager who agreed to review the system immediately.
- We saw that information was available to help patients understand the complaints system from the receptionist. However, we did not see a poster in the waiting room or information on the practice website. We were assured that this situation would be addressed
- We looked at three complaints received in the last 12 months and found that the staff had responded in a timely way. The practices had learned lessons from individual concerns and complaints and from analysis of trends and staff had taken actions as a result to improve the quality of care. For example, where a patient had experienced difficulty in making a appointment due to the staff attitude. Staff had apologised to the patient and staff had attended customer services training.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

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

The provider and practice manager were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of

services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they had been involved in the consultations about the possible changes to the Beighton surgery and the use of the neighbouring public house car park to improve access to parking for all patients.
- The practice had gathered feedback from staff through the annual appraisal and monthly staff meetings and had plans in place to carry out a staff survey. An example was the introduction of a new uniform for reception.

# Are services well-led?

Good 

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

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- Following the loss of two partners and the difficulty in recruiting new GP's the practice had reviewed their staff skill mix and employed a pharmacist and a physician's associate to help improve services for patients.
- The practice had consulted with the public about any proposed changes to the Beighton Surgery to make sure any changes made were in the patient's best interests and improved services.
- The staff were developing group appointments for patients with diabetes. To enable patients share and learn from their experiences.