Dovercourt Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dovercourt Surgery on 2 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge, training and experience to deliver effective care and treatment with the exception of two members of staff who had not received safeguarding training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was performing higher than the national average in several areas including mental health and dementia. For example, 96% of patients diagnosed with dementia had received a face to face meeting in the previous 12 months (compared to the national average of 84%) and of those patients diagnosed with a mental health condition, 98% had a comprehensive care plan reviewed in the last 12 months (compared to the national average of 88%).
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with urgent appointments available the same day at the walk in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice offered work placements for people to help develop their confidence, life and work skills. They provided us with examples where this led to permanent employment and support to access further/higher education.

Summary of findings

- Staff told us they would act as patient advocates. For example, by helping to write letters and facilitating appointments at the practice instead of in the community so patients could be seen in familiar surroundings.
- The practice had an older people's co-ordinator who sent screening letters to patients aged over 75 who had not attended the practice for sometime. This was a simple checklist to update on health and general wellbeing. It also provided the practice with regular updated information on carer/next of kin information. The co-ordinator followed an algorithm which enabled the patient to be signposted to other services if appropriate. For example, to the community support worker.

The areas where the provider should make improvements are:

- Maintain a complete record of the immunity status of all clinical staff.
- Maintain a schedule of carpet deep cleaning.
- Ensure all staff complete required safeguarding training as per Safeguarding Children and Young people: roles and competencies for health care staff intercollegiate document (third edition: March 2014).

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, well managed and documented with the exception of carpet deep cleaning which was not included on the cleaning schedule.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge, training and experience to deliver effective care and treatment with the exception of two members of staff who did not have a record of safeguarding training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding 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 to services where these were identified. The practice also engaged in local community projects. For example, providing a collection point for childrens swimwear for the local taxi to seaside scheme.
- Staff told us they would act as patient advocates. For example, by helping to write letters and facilitating appointments at the practice so patients could be seen in familiar surroundings.
- The practice had offered people work placements to help develop their confidence, life and work skills. They provided us of examples where this had led to permanent employment and support to access further education.
- Patients said they found it easy to make an appointment with urgent appointments available at the same day walk in clinic.
- The practice would follow up all patients who did not attend their hospital appointment by sending them a letter.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good 

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

- 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 this.
- 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, with the exception of maintaining a complete record of clinical staff's immunity status.
- The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had an older people's co-ordinator who sent screening letters to patients aged over 75 who had not attended the practice for sometime. This enabled regular updates of personal information, for example, carer/next of kin to be added to the patient's medical record. The co-ordinator followed an algorithm which enabled the patient to be signposted to the relevant services if appropriate. For example, a GP appointment or to the Community Support Worker.
- The practice provided medical care and weekly routine visits to patients who resided in a local intermediate care orthogeriatric unit.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 79%, higher than the national average of 73%.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice hosted a health care trainer to support health promotion.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were similar to other practices in the local CCG area for all standard childhood immunisations.
- Data showed 84% of patients diagnosed with asthma had received an asthma review in the previous 12 months compared to the national average of 75%.
- 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.
- We saw notices in the patient toilets on how to access help and advice on sensitive issues, for example, domestic abuse.
- The practice hosted parenting classes for patients of the practice and the local community.
- Data showed 93% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning GP and nurse appointments daily from 7.30am and offered evening and weekend appointments through the Sheffield satellite clinic scheme.
- The practice offered appointments at the practice with an occupational health adviser and was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered short term work placements to sixth form students who required experience to be able to apply for training in the medical profession.

Summary of findings

People whose circumstances may make them vulnerable

Good

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 homeless people and those with a learning disability. There was a flagging alert system on the computer to alert staff to patients whose circumstances may make them vulnerable.
- Staff told us they would try to be flexible and book appointments to suit the needs of patients and would send a letter to all patients who did not attend hospital or screening appointments.
- The practice offered longer appointments for patients with a learning disability and used clinical 'props' appropriate for the needs of this group, for example as an aid to teach testicular self examination.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people and staff told us they would act as patient advocates. For example, by helping them write letters and facilitating appointments at the practice instead of in the community so patients could be seen in familiar surroundings.
- The GP told us the practice offered work placements for people to help develop their confidence, life and work skills. They provided us with examples where this led to permanent employment and support to access further/higher education.
- The practice informed patients about how to access various support groups and voluntary organisations. For example, to an advocacy worker who would assist and give extra support to patients who needed it.
- The practice actively supported local community initatives to improve the lives of its patients. For example, they assisted with a local foodbank scheme.
- Staff knew how to recognise signs of abuse in 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)

Good

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

Summary of findings

- Of those patients diagnosed with dementia, 96% had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Of those patients diagnosed with a mental health condition, 98% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Reception staff had also received training in dementia awareness.
- The practice had a mental health worker providing more long term support and also hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 353 survey forms distributed and 113 forms were returned. This is a response rate of 32% and represents 2.57% of the practice population. Examples of responses included:

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were very positive about the standard of care received.

We spoke with eight patients during the inspection. They all said they were able to get an appointment when they needed one and were treated with dignity and respect and thought the practice provided an excellent, caring service. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment.

Dovercourt Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dovercourt Surgery

Dovercourt Surgery is located in a purpose built health centre in inner city Sheffield and accepts patients from Manor, Castle, Norfolk Park and Arbourthorne. The practice catchment area is classed as within the group of the first most deprived areas in England.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 4,390 patients in the NHS Sheffield Clinical Comissioning Group (CCG) area. It also offers a range of enhanced services such as childhood vaccination and immunisations.

Dovercourt Surgery has one female GP partner and a business partner, eight part time salaried GPs (six female and two male), two nurse practitioners, practice nurse, two healthcare assistants, practice manager and an experienced team of reception and administration staff. The practice is a training practice for medical students.

The practice is open 7am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 4pm. Extended hours are offered 7.30am to 8am Monday to Friday. Appointments are offered daily between 8.30am and 10am Monday to Friday. This is a walk in surgery where patients can attend without an appointment and be seen by a doctor or nurse practitioner. Pre-bookable appointments are available 11.30am to 12.30 noon Monday and Thursdays, and 7am to 9am Tuesday and Wednesdays. Afternoon clinics are 3.30pm to 5.30pm Monday to Friday with the exception of Thursday when the clinic is 2pm to 4pm.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am - 8.30am and 6.00pm - 6.30pm. Patients are informed of this when they telephone the practice number.

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is 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 such as NHS England and the CCG to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff (five GPs, nurse practitioner, practice nurse, two healthcare assistants, business partner, practice manager, four reception/ administration staff) and spoke with patients who used the service including members of the patient group.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

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

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

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

Good

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 on the computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following analysis of a significant event, a flow chart had been developed and implemented for staff to use when referring diabetic patients to the foot clinic.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff and a deputy for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role with the exception of two members of staff. The practice have since provided evidence that this had been completed. GPs were trained to safeguarding children level three.
- A notice in the clinical rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and patients we spoke with told us the practice was always clean. There were cleaning schedules in place which did not include carpet deep cleaning. The business partner confirmed the carpets had been cleaned and would include the information on the cleaning schedule. The practice nurse was the infection, prevention and control (IPC) clinical lead who liaised with the IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had been identified as being a high prescriber of antibiotics. The GP told us this had been reviewed and was due to the high prevalence of patients in the area with chronic obstructive pulmonary disease (COPD), a respiratory condition, who required regular antibiotic treatment. An audit by the practice had identified the patient population prevalence was approximately 4.5% - compared to the national prevalence of diagnosed COPD of approximately 1.5%. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

Good

Are services safe?

- We reviewed four recruitment files and found appropriate checks had been undertaken prior to employment. For example, references, registration with the appropriate professional body and the appropriate checks through the DBS.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and anaphylaxis kits in all rooms where immunisations took place.
- The practice had oxygen with adult and children's masks on the premises. It did not have a defibrillator but the business partner told us that they were in the process of purchasing one. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99.9% of the total number of points available, with 11.5% exception reporting which was 2.2% above the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 9.6% above the CCG and 10.8% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2.2% above the national averages.
- Performance for mental health related indicators was 5.7% above CCG and 7.2% above national averages.

Clinical audits demonstrated quality improvement.

- There had been several two cycled clinical audits completed in the past two years where the improvements made were implemented and monitored. Evidence of these were seen. The practice developed a plan of audits to be completed each year.
- Findings were used by the practice to improve services. For example, an audit to monitor heart failure patients were taking the appropriate medication had been completed.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Safeguarding was not included on the induction sheet but we spoke to a new member of non-clinical staff who told us clearly what the practice safeguarding procedure was. The practice manager said safeguarding would be added to the induction sheet template immediately.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, Public Health England immunisation updates 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 during sessions, one-to-one meetings, appraisals and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, and dementia awareness with the exception of two members of staff who had no

record of safeguarding training. The practice provided evidence following the visit that this had been completed. 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. Information such as NHS patient information leaflets were available in different languages.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice monitored the Sheffield hospital discharge recording system daily to see which patients were in hospital or who had recently been discharged. The practice followed up all patients who did not attend a hospital appointment with a letter. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, the GPs met with the Liaison Psychiatrist to review patients.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long -term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or to an advocacy support worker who could help with advice on signposting to support services.
- The practice offered weight management and one to one smoking cessation advice appointments on the premises. To enable easier access to appointments the practice also hosted a chiropodist and offered physiotherapy appointments at the practice for patients recovering from an operation or injury. The practice were due that week to pilot with a local agency, exercise classes for patients of the practice and the surrounding area.
- The practice's uptake for the cervical screening programme was 93%, which was higher than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83.6% to 97% and five year olds from 91% to 99%.
- Flu vaccination rates for the over 65s was 79%, and at risk groups 59%. These were higher than the national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new

Good

Are services effective?

(for example, treatment is effective)

patients and NHS health checks for people aged 40–74. 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 to be courteous and very helpful to patients and treat 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 could offer patients a private room to discuss sensitive issues.

We received 38 patient Care Quality Commission comment cards which were mostly very positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect.

We spoke with six members of the patient participation group who spoke very highly of the practice and told us they were very satisfied with the care provided and said their dignity and privacy was always respected. They told us that the GPs would collect patients from the waiting room personally and escort them to the consulting room. They also told us how the practice was trying to engage with the local community to improve the lives of the local population. For example, by supporting their PPG who were involved in a local scheme to create an allotment on the practice site to grow fresh produce for patients in the local area.

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

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us interpretation services were available for patients who did not have English as a first language and information leaflets on medical conditions were available in different languages for the clinical staff to give to patients.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 307 patients on the practice list as carers. A carer's pack was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the GP was piloting a new way of working across primary care, secondary care and community care to develop better links between services.

- The practice offered early morning appointments to patients who could not attend during normal opening hours Monday to Friday at the practice or evening and weekend appointments at one of the four satellite clinics in Sheffield.
- Same day appointments were available for children and those with serious medical conditions at the daily walk in clinic.
- The practice offered longer appointments for patients with a learning disability and used clinical 'props' appropriate for the needs of this group for example an aid to teach testicular self examination.
- Home visits were available for those who would benefit from these. The practice also participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- The practice provided medical care and weekly routine visits to patients who resided in a local intermediate care Orthogeriatric unit.
- One of the practice administrators acted as an older people's co-ordinator by sending screening letters to patients aged over 75 who had not attended the practice for sometime. This was a simple tick box letter that included questions about health, wellbeing and mobility. It also provided the practice with regular updates of carer/next of kin information. The co-ordinator followed an algorithm which enabled the patient to be signposted to the relevant service if required. For example, GP appointment or referral to community support workers if appropriate.
- To enable easier access to services the practice hosted a health care trainer at the practice to support health promotion.
- The practice hosted parenting classes for patients of the practice and the wider local community to support and educate parents on parenting skills.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people and staff told us they would act as patient advocates. For example, by helping them write letters and facilitating appointments at the practice instead of in the community so patients could be seen in familiar surroundings. The practice also had access to an advocacy worker who could advise and support patients or help refer to local services.
- The practice monitored the Sheffield hospital discharge recording system daily to monitor which patients were in hospital or who had recently been discharged. They also followed up every patient who did not attend a hospital appointment by sending them a letter.
- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if the vaccine was required.
- There were disabled facilities, a hearing loop and interpretation services available. The practice had a lift. However, all consultation and treatment rooms were on the ground floor. Staff offices were located on the first floor.
- The practice also engaged in local community projects. For example, providing a collection point for children's swimwear for the local taxi to seaside scheme and local food bank collection scheme. The practice was actively supporting their patient group who were involved in a local community scheme to develop an allotment on the practice site to grow fresh produce for patients in the local area.
- The practice offered short term work placements to sixth form students who required work experience in a clinical environment to be able to apply for training in the medical profession. The GP told us how the practice had also offered work placements for people to help develop their confidence, life and work skills. They provided us with examples where this had led to permanent employment and support to access further/ higher education.
- Of those patients diagnosed with dementia, 96% had had their care reviewed in a face to face meeting in the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

last 12 months, which is above the national average of 84%. Staff had a good understanding of how to support patients living with dementia including reception staff who had also received training in dementia awareness.

- Of those patients diagnosed with a mental health condition, 98% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%. In addition to IAPT provision the practice employed a mental health support worker who was able to offer patients long term support. We saw evidence that multidisciplinary team meetings took place on a monthly basis and the GPs met with the Liaison Psychiatrist regularly to review patients.

Access to the service

The practice was open 7am to 6pm Monday to Friday with the exception of Thursdays when the practice closed at 4pm. Extended hours appointments were offered 7.30am to 8am Monday to Friday. The practice had a walk in clinic daily between 8.30am and 10am Monday to Friday. The patients we spoke to during the visit commented they liked this system as they could be seen when needed. Pre-bookable appointments were available 11.30am to 12.30 noon Monday and Thursdays, and 7am to 9am Tuesday and Wednesdays. Afternoon clinics were 3.30pm to 5.30pm Monday to Friday with the exception of Thursday when the clinic was 2pm to 4pm.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).

The following response was below the CCG and national average:

- 39% of patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

However, this did not reflect what patients told us on the day or on the CQC comment cards. The patients we spoke with said they could see the GP they preferred but it might not be possible when attending the walk in clinic the same day.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system in the waiting room.

We looked at six complaints received in the last 12 months and found they had been dealt with appropriately, identifying actions, the outcomes and any learning.

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 reception area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice.

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.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice did not have a complete record of the immunity status of clinical staff.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and an apology and kept records of interactions and 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 in doing so and felt supported if they did. We noted the practice had held a team building away day in the last 12 months.
- Staff said they felt respected, valued and supported by the GPs and managers in the practice. All staff were involved in discussions about how to run and develop the practice. For example, the practice had an open agenda on the notice board for staff to add issues they would like to discuss at the monthly staff meeting. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, regarding the walk in appointment system. Members of the PPG also told us they held an annual social event during flu season offering refreshments to patients.

Continuous improvement

There was a strong 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. For example,

Are services well-led?

Good

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

the practice had piloted the person centred care planning system to improve patients overall health and well being which had been rolled out to other practices in the Sheffield area.