Heeley Green 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heeley Green Surgery on 2 November 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events.
- Some risks to patients were assessed although there were shortfalls identified with regards to no COSHH risk assessment of products, no record of fire drills, lack of cleaning schedules and no system to monitor or track blank prescriptions within the practice.
- 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, although there was limited overview of what training staff had received or when it was due.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Implement a system to monitor and track blank prescriptions within the practice as recommended in NHS Protect Security of Prescription Guidance.
- Review fire safety systems to ensure fire escape routes are unlocked when the premises are in use as outlined in the practice's fire risk assessment and undertake regular fire drills to ensure the manual fire alarm system works effectively.
- Review the control of substances hazardous to health (COSHH) regulations 2002 and complete a COSHH risk assessment of products in the practice.
- Ensure cleaning schedules are in place for all equipment used for direct patient care and records of cleaning are kept.
- Implement a system to document all training staff receive and monitor when training updates are due.
- Ensure staff leave their workstations secure and remove their smartcards from the computers as outlined in the application for NHS Care Record declaration.

The areas where the provider should make improvement are:

- Maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.
- Monitor the recording of the use of chaperones in patient records in line with the practice policy.
- Document cleaning schedules to monitor what cleaning of the premises has taken place and when.
- Ensure staff have access to the business continuity plan to provide guidance on contingency plans and assistance in an emergency.
- Complete a risk assessment to review the frequency of training of basic life support for non clinical staff as recommended in the Resuscitation Council (UK) Guidelines for staff working in a primary care organisation.
- Ensure all clinical waste sharps containers are appropriately labelled as outlined in the Health Technical Memorandum 07-01 – Safe management of healthcare waste guidelines.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- 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, the practice manager told us patients would receive reasonable support, truthful information and a written apology and be told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice had not carried out a risk assessment of substances hazardous to health (COSHH) of products in the practice, there was no record of fire drills and alternate fire escape routes were locked with a key which did not reflect the practice's fire risk assessment. The practice had not completed a risk assessment to review the frequency of basic life support training required for non clinical staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

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 and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision 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 leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were shortfalls seen in the overarching governance framework with regard to oversight and monitoring of processes and identifying risk. For example, there was limited overview of staff training to monitor what training staff had received or when it was due. There was no documentation or monitoring of cleaning including equipment used for direct patient care. There was no system to track or monitor the movement of blank prescriptions within the practice. Staff did

Summary of findings

not have access to the business continuity plan to provide guidance on contingency plans and assistance in emergencies and we observed staff leave their smartcards in their workstations when they left the room.

- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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

Requires improvement

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical care and weekly routine GP visits to patients who resided in a local care home.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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

Requires improvement

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- 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 comparable to others in the area for most standard childhood immunisations.

Summary of findings

- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 95% 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.
- The practice provided medical care to children in a secure children's unit by providing a new patient medical to ascertain past medical history and to review any current health needs including immunisation status.
- We saw positive examples of joint working with midwives and health visitors. The practice held monthly safeguarding meetings with the health visitors at the practice.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments on a Tuesday and early morning appointments on a Friday morning at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice hosted an Occupational Health Advisor from a charitable organisation who provided information and advice for employed and unemployed people with work related health problems.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had identified that 1.3% of the patient list had a learning disability which was above the national average of 0.4%.
- The practice offered longer appointments for patients with a learning disability and an annual review appointment of their health and wellbeing needs.
- The practice regularly worked with other health care professionals in the case management of patients who may be vulnerable.
- The practice is registered as a place of safety under the Sheffield Safe Places Scheme for patients in the locality, even if not a registered patient of the practice. Staff told us patients seeking help would be offered the use of a telephone to ring support services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

Requires improvement 

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- Of those patients diagnosed with dementia, 89% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%.
- Of those patients diagnosed with a mental health condition, 96% had a comprehensive care plan reviewed in the last 12 months, which is higher than the national average of 89%. The GP told us practice data had identified that 15.8% of patients on the practice list had a history of a long term mental health problem compared to the national average of 5.1%.
- The GP told us the practice had developed a template to use when reviewing the physical health needs of patients with a serious mental illness which had been implemented by other practices in the city.

Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published 7 July 2016 showed the practice was performing above local and national averages. There were 254 survey forms distributed and 120 forms returned. This represented 2% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 CQC comment cards which were all positive about the standard of care received. Patients commented they were treated with dignity and respect and staff were very helpful and caring.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Heeley Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Heeley Green Surgery

Heeley Green Surgery is located in a purpose built health centre in Heeley Green and accepts patients from the surrounding area. Public Health England data shows the practice population has a higher than average number of patients aged 30 to 60 years old compared to the England average. The practice catchment area has been identified as one of the third more deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 5606 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anti-coagulation monitoring and childhood vaccination and immunisations.

Heeley Green Surgery has six GP partners (three female, three male), one female nurse practitioner, a practice nurse, a phlebotomist, a practice manager and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students and GP registrars.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours are offered Tuesday evenings until 8pm and Friday mornings 6.45am to 8am. Morning and afternoon appointments are offered daily Monday to Friday. When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. Patients are informed of this when they telephone the practice number.

The practice was inspected by CQC in November 2013 and found to be compliant.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 November 2016. During our visit we:

- Spoke with a range of staff (five GPs, nurse practitioner, practice nurse, three receptionists and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed 37 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.

Requires improvement

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the system for re-ordering emergency oxygen had been reviewed and updated to ensure the practice were able to replenish supplies in a timely manner.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a chaperone policy. Staff we spoke with had a clear understanding of their role. However, the practice was not following its own policy regarding recording the event in the patient record.
- We observed the premises to be clean and tidy. There was a cleaning schedule in place, however, there was no monitoring records to confirm what cleaning had been completed and when. The practice nurse told us the equipment used for patient care, for example ear syringing equipment and spirometer were cleaned and we saw some evidence of this. However, there was no monitoring sheet to record which equipment had been cleaned and no process in place to ensure equipment was appropriately cleaned before reuse.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an infection control protocol in place and staff we spoke with told us they had received training in-house. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we did observe clinical waste sharps containers, in use in some of the clinical rooms, were not dated or signed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice also 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. Blank prescription forms and pads were securely stored. However, there was no system to monitor or track their use within the practice to comply with NHS Protect Security of Prescription Guidance 2013. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions.

Requires improvement

Are services safe?

- We reviewed three personnel files and found most recruitment checks had been undertaken prior to employment. For example, references, the appropriate checks through the Disclosure and Barring Service and registration with the appropriate professional body. Although we did not see evidence of registration with the professional body for one practice nurse, this was checked and confirmed by the practice manager during the inspection.

Monitoring risks to patients

Some risks to patients were assessed although there were some shortfalls with regard to some processes and monitoring of risk assessments.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a basic health and safety policy available with a poster in the staff area which identified the local health and safety representative.
- The practice had completed a fire risk assessment in November 2015 and had reviewed it every three months. The practice did not have an automatic fire detection or alarm system. There was a manual system in place and staff we spoke with were able to explain the fire evacuation procedure. The main entrance to the practice served also as a fire exit. Other doors leading to outside the practice were locked with a key. Staff told us where the key was kept and the procedure they would follow in an emergency. The practice fire risk assessment recorded the locked exits should be unlocked when the premises were in use. However on the day of the inspection we saw that these exits were not unlocked.
- There were fire extinguishers on site that had been serviced annually and staff had received training three years previously to use these. The practice did not have a visitors signing in book or any process in place to monitor visitors on site who were not patients. There was no internal signage to identify where oxygen was stored and the practice had not carried out a fire drill for over two years to ensure the manual fire detection system worked effectively.
- 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 some other risk assessments in place to monitor safety of the premises such as infection control. The practice had arranged for a legionella risk assessment to be completed the day after the inspection (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice provided evidence following the inspection that this had been completed. The practice did not have a risk assessment for the control of substances hazardous to health (COSHH) for any substances including cleaning products to help protect people in the workplace against health risks from hazardous substances.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies although there were shortfalls identified with regards to the arrangements to deal with major incidents.

- There was a panic alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff had received annual basic life support training. Non-clinical staff received training every three years. A risk assessment had not been completed to assess the likelihood of non-clinical staff encountering a patient requiring resuscitation.
- 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.
- The practice had paediatric emergency airway equipment. The airway tube was noted to be out of date. The GP told us this equipment was not in use as it was more than the practice were required to keep for dealing with emergencies and would be removed immediately from service.
- The practice manager told us the practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan was kept off site with the clinical

commissioning group (CCG). There was a list of emergency contact numbers of staff on the notice board. However, there was no copy of the plan in the practice and staff we spoke with were not aware of it.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available, with 7.5% exception reporting which is 1.8% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for mental health related indicators was 7.8% above the CCG and 7.2% above the national averages.
- Performance for diabetes related indicators was 2.6% above the CCG and 4% above the national averages.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients with heart failure had been completed to ensure patients had received appropriate monitoring and treatment.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, IPC, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, meetings, facilitation and support for revalidating GPs and nurses and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff had access to in-house training and they told us they had received training that included topics such as safeguarding, chaperoning and basic life support. The lead GP kept an overview of what safeguarding training staff had received and the practice manager kept an overview record of what basic life support training staff had received. However, there was no overview of other training to monitor what training staff had received or when it was due.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had clear monitoring systems for all referrals made to secondary care which was regularly reviewed. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 95%, which was above the national average of 81%,with exception reporting of 19% which was 4.8% above the CCG average: There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95%, with the exception of meningitis C vaccine which was 56%, lower than the CCG average of 86%. Results were comparable to CCG/national average for vaccinations given to five year olds ranging from 86% 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient CQC comment cards we received were positive about the care received. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including one member 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (1% of the practice list). The practice provided signposting to carer's who required advice or emotional support.

Staff told us that if families had experienced bereavement, their usual GP would contact them personally and arrange to visit them or offer advice on how to find a support service if required.

Good

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 pre-booked appointments to patients who could not attend during normal opening hours Tuesday evenings and early Friday mornings. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability and those who required them.
- 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 requiring travel vaccinations were referred to the local Travel Health Clinic at the local hospital.
- There were disabled facilities and interpreter services available.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice hosted an Occupational Health Advisor from a charitable organisation who provided information and advice for employed and unemployed people with work related health problems.
- The practice is registered as a place of safety under the Sheffield Safe Places Scheme for patients in the locality, even if not a registered patient of the practice. Staff told us patients seeking help would be offered the use of a telephone to ring support services.

Access to the service

The practice was open with consultations available between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered 6.30pm to 8pm Tuesday evenings and at 6.45am to 8am Friday mornings. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them through the duty doctor triage system. The practice also offered telephone consultations with a named GP should patients request it.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We observed the next routine GP appointment to be in seven days' time.

The practice had a system in place to assess:

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

The receptionist would put the visit request on the duty doctor's appointment list for that day who would contact the patient to discuss the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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 that information was available to help patients understand the complaints system.

We looked at two of the three complaints received in the last 12 months and found these had been handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also

Good

Are services responsive to people's needs?

(for example, to feedback?)

from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had evaluated and redesigned the appointment system as a result of patient complaints and feedback about accessing an appointment. The redesign offered more GP appointments and telephone callbacks from named GPs. The GP told us the practice were continuing to monitor the new system through patient feedback and through the results of the national patient survey.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement available on the staff notice board which staff knew and understood the values of.
- The practice had a strategy and supporting business plans which reflected the vision and values which were regularly monitored. The GP told us the practice was currently exploring more collaborative ways of working with neighbouring practices to benefit patients.

Governance arrangements

There were some shortfalls in the overarching governance framework to support the delivery of the strategy and good quality care. There was a lack of monitoring of staff roles and oversight of some safety processes.

- There was a staffing structure and staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff.
- An understanding of the clinical performance of the practice was maintained and there was a programme of continuous clinical audit which was used to monitor quality and to make improvements to clinical care.
- There were some arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions although there were some shortfalls. Fire drills had not been carried out for over two years to ensure the fire evacuation procedure worked effectively and the practice were not following the fire risk assessment with regard to locked exits being unlocked when the premises were in use. There was no business continuity plan available on the premises to assist staff in an emergency, a COSHH risk assessment had not been carried out to help protect people in the workplace against health risks from hazardous substances. There was no risk assessment of non clinical staffs' requirement to have annual basic life support training and the practice did not maintain a complete record of the immunity status of clinical staff.
- There were some gaps in the monitoring processes. For example, there was no system to monitor or oversee what training staff had received and when it was due, blank prescriptions were stored securely although there was no system to monitor or track their movement within the practice. There was no overview of cleaning schedules of what had been cleaned and when including monitoring of cleaning of equipment used for patient care.
- There were shortfalls seen with regard to information governance. We observed staff leave their patient record access cards in computers whilst they left the room on several occasions.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice manager told us if things went wrong with care and treatment:

- The practice would give 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 leadership structure in place and staff told us they 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, by the partners and the management in the practice. All staff we spoke with told us they felt part of a team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback the practice had installed a new telephone system with more lines being answered.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching and training practice . The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was piloting a referral system locally to ensure patients were being directed to the appropriate speciality.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because: • The practice did not undertake regular fire drills to assure themselves that the manual fire alarm system worked effectively. The main entrance to the practice served also as a fire exit. Other doors leading to outside the practice were locked with a key. The practice fire risk assessment recorded the locked exits should be unlocked when the premises were in use. However on the day of the inspection we saw that these exits were not unlocked. • There was no monitoring sheet to record which equipment used for direct patient care, for example, ear syringing equipment and spirometer had been cleaned. There was no process in place to ensure equipment was appropriately cleaned before reuse. • There was no COSHH risk assessment of products used in the practice. • There was no record of cleaning schedules of the premises to capture when cleaning had taken place. • Clinical waste sharps containers were not signed or dated. • There was no risk assessment to review the frequency of training of basic life support for non clinical staff. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because: • The practice did not have a system to track or monitor blank prescriptions within the practice. • Staff had left their smartcard's in the computers whilst away from their work station and had left computers unlocked. • The business continuity plan was not made available to staff to assist with contingency plans in an emergency. • There was no system to oversee the training staff had received and when it was due to be updated. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.