

# Dr Maria Read

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Maria Read, also known as Manor Top Medical Centre on 2 February 2016. Overall the practice is rated as good.

- 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 and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and 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 should make improvement are:

- Maintain a complete record of the immunity status of all clinical staff.
- Maintain a schedule of carpet deep cleaning.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an 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?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment.
- 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?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff said they felt supported by the GPs. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 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

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 percentage of people aged 65 or over who received a seasonal flu vaccination was 77%, higher than the national average of 73%.

Good



### People with long term conditions

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 required.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high compared to CCG/national averages for all standard childhood immunisations.
- Data showed 82% of patients diagnosed with asthma had received an asthma review in the previous 12 months compared to the national average of 75%.
- Data showed 91% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.

Good



# Summary of findings

- Appointments were available outside of school hours and staff told us same day appointments were offered to children.
- We observed positive examples of joint working with midwives and health visitors.

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

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

- The 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 and weekend appointments at a local practice through the Sheffield satellite clinic scheme.
- The practice was able to offer appointments with an occupational health adviser at a local practice. They were proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Staff told us they would be flexible and book appointments to suit the needs of individual patients.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice supported local community initiatives to improve the lives of its patients. For example, they assisted with a local foodbank scheme.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, they would refer to an advocacy worker who would assist and give extra support to patients who needed it.

**Good**



# Summary of findings

- 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)

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

- 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 hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.

Good



# 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 in line with local and national averages. There were 309 survey forms distributed and 101 forms were returned. This is a response rate of 32.7% and represents 6.3% of the practice population. Examples of responses included:

- 96% found it easy to get through to the surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 78% 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 27 comment cards which were all very positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were very happy with the care they received and thought staff were approachable, committed, caring and provided an excellent service. They had nothing but praise for all the staff at the practice and told us the GPs took their time to listen and talk to them. They felt the service they received was very personal. All the patients we spoke with said they could contact the practice easily on the telephone, all the staff were friendly and they could get an appointment when they needed one.



# Dr Maria Read

## 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 Dr Maria Read

Dr Maria Read is located in Manor Top Medical Centre which is a converted house in the inner city area of Sheffield and accepts patients from Manor and Castle, Richmond, Arbourthorne, part of Darnall and Gleadless Valley. 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 1593 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. They also offer a range of enhanced services such as childhood vaccination and immunisations.

Dr Maria Read at Manor Top Medical Centre has one female GP partner, three male part time salaried GPs, two part time practice nurses, business partner, practice manager and an experienced team of reception and administration staff. The practice is a training practice for medical students.

The practice is open 8am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon. Appointments are offered between 9am and 11am and 3.20pm to 5.30pm daily, with the exception of Thursdays when there is no afternoon surgery. Extended hours are offered through the Sheffield satellite scheme.

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 and 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.

The practice was previously inspected by The Care Quality Commission in November 2013 and found to be compliant.

### 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.

### 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:

# Detailed findings

- Spoke with a range of staff (three GPs, practice nurse, healthcare assistant, business partner, practice manager and three reception/administration staff) and spoke with patients who used the service including members of the patient group.
- 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.

# 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 in the reception area.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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, the system for recording home visits had been reviewed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an 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 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. GPs were trained to safeguarding children level three.
- A notice in the consulting 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. 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 local 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 infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four recruitment files and found appropriate employment checks had been undertaken. For example, references, registration with the appropriate professional body and the appropriate checks through the DBS.

## Are services safe?

- 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. 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 were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had medical emergency oxygen with adult and children's masks on the premises. A first aid kit and accident book were also available. The practice did not have a defibrillator on site but the business partner told us this had been reviewed and they were in the process of purchasing one.
- Emergency medicines were easily accessible to staff and located in a secure area of the practice, all staff knew of their location. All the emergency 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.

# 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 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 91.4% of the total number of points available, with 14% exception reporting. (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). High exception reporting was identified in some clinical domains, the GP told us this had been reviewed and was due to some coding errors on the practice computer system. 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 1.5% above the CCG and 2.7% 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 21.2% below CCG and 19.7% below national averages. The GP told us this had been reviewed and was due to incorrect coding of data on the computer system and had been addressed.

Clinical audits demonstrated quality improvement.

- We saw evidence several two cycled clinical audits had been completed in the last two years where the improvements made were implemented and monitored. There was a plan of clinical audits scheduled for the year.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit to monitor that patients with chronic kidney disease were taking the appropriate medication had been completed.

### 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 IPC, fire safety, health and safety and confidentiality. Safeguarding was not included on the induction sheet but the newest member of clinical staff had provided evidence of safeguarding training to the practice. The practice manager said safeguarding would be added to the induction sheet recording template immediately.
- 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 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, appraisals and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures and basic life support. 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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. The practice offered weight management and smoking cessation advice appointments at the practice or signposted to the relevant local service, including referral to an advocacy support worker who could offer advice and support. For example, information on housing, benefit entitlement or support to join local social activities.

The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 82%. There was a policy to send reminders to those who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were relatively high compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.3% to 100% and five year olds from 94.4% to 100%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 56%. These were higher than the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new 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.



# 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 observed 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 area to discuss sensitive issues if needed.

All of the 27 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group. They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 87% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

The practice scored slightly lower than the CCG/national averages on the patient survey in the following areas:

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

However, this did not reflect what was said on the CQC comment cards or what patients told us on the day of the inspection. They said all the staff were friendly and helpful and they felt the GPs knew them personally and always took the time to listen and to talk to them.

### 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 comparable with local and national averages. For example:

- 82% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

However, this did not reflect what patients told us on the inspection or on the CQC comment cards. The patients we spoke to said they felt fully involved in decisions about their care.

Staff told us 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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients on the practice list as carers. Information was available to direct carers to the various avenues of support available to them.

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



# 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 partner was piloting a new way of working across primary care, secondary care and community care to develop better links between services across Sheffield.

- The practice offered evening and weekend appointments at one of the four satellite clinics in Sheffield.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients 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.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available 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 interpreter services available.
- The practice supported local community initiatives to improve the lives of its patients. For example, they assisted with a local foodbank scheme.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12 noon. Appointments were offered between 9am and 11am and 3.20pm and 5.30pm daily, with the

exception of Thursdays when there was no afternoon surgery. Extended hours were offered through the Sheffield satellite scheme. When the practice was closed between 6.30pm and 8am patients were directed to contact the NHS 111 service. The Sheffield GP Collaborative provided cover when the practice was closed between 8am - 8.30am and 6.00pm - 6.30pm. Patients were informed of this when they telephoned the practice number.

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.

- 76% 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%).
- 85% of patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

People told us on the day of the inspection that they were able to get an appointment when they needed one.

### 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 in reception to help patients understand the complaints system.

We looked at two 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 which staff knew and understood. The practice had a robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and 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 record of the complete 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 prioritise 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 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.

There was a leadership structure in place and staff told us the practice held regular team meetings. Staff said the practice team was like a small family and they felt respected and valued by the doctors.

### 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 and submitted proposals for improvements to the practice team. For example, the practice had implemented a system to put a sign up in reception each day to notify patients of which doctors were on duty at the suggestion of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, 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.