

Baslow Road Surgery

Quality Report

148 Baslow Road

Sheffield

S17 4DR

Tel: 0114 236 9957

Website: www.baslowandshoreham.gpsurgery.net

Date of inspection visit: 13 December 2016

Date of publication: 22/02/2017

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?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 10 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 11 |
| Background to Baslow Road Surgery | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings | 13 |
| Action we have told the provider to take | 25 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Baslow Road Surgery on 13 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, at the time of inspection the practice did not have a significant event policy.
- There was a clear leadership structure and staff felt supported by management. Some practice specific policies were available for staff to use. However some of those we looked at were incomplete or did not have a sign off date. The practice responded to the issues pointed out during the inspection and submitted updated evidence to us. These issues should have been dealt with more proactively and captured as part of regular reviews.

- Some risks to patients were assessed, however not all actions taken to minimise risk were documented. For example, actions taken as part of the legionella risk assessment, flushing outlets and monitoring water temperatures, were not recorded.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information how to complain was on the practice website and in the practice leaflet. Patients told us they had to complain to obtain a copy of the practice complaints process. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes had to wait for over two weeks to see a named GP. However same day appointments were available for those who required them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour.

We saw one area of outstanding practice:

- Staff at the practice developed a mentorship programme for nurses joining the practice who were undertaking the practice nurse course at the university. Practice nurses told us they felt extremely supported to complete the course and obtain the additional skills and competence to care for patients in the GP surgery setting.

The areas where the provider must make improvement are:

- Ensure practice specific policies and procedures are available to staff to support them in their role. All policies should be signed off, complete, reviewed and updated as necessary.
- Ensure appropriate risk assessments are in place and actions taken as a result are captured and documented in a timely manner.

The areas where the provider should make improvement are:

- Review information available to help patients understand the complaints system.
- Review the opportunity for patient engagement, particularly provision of a patient participation group at the Baslow Road site.

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 a system in place for reporting and recording significant events. However at the time of inspection the practice did not have a significant event policy.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff told us when things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some risks to patients were assessed, however not all actions taken to minimise risk were documented. For example, actions taken as part of the legionella risk assessment, flushing outlets and monitoring water temperatures, were not recorded. Not all clinical staff had a disclosure and barring check performed, relevant to their role, prior to employment. Fire evacuation drills were not performed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff at the practice developed a mentorship programme for nurses joining the practice who were undertaking the practice

Summary of findings

nurse course at the university. Practice nurses told us they felt extremely supported to complete the course and obtain the additional skills and competence to care for patients in the GP surgery setting.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

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. The practice engaged with the three separate neighbourhood groups to work with other GP practices to address the health requirements of the different patient populations.
- Patients said they sometimes had to wait for over two weeks to see a named GP. However same day appointments were available for those who required them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice website and the practice leaflet advised people to contact the practice manager, in person or writing, if they required further information about making a suggestion or complaint. Improvements were made to the quality of care as a result of complaints and concerns.

Good



Are services well-led?

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

- The practice had a quality statement and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. Some practice specific policies were available for staff to use. However some of those we looked at were incomplete or did not have a sign off date. The practice responded to the issues pointed out during the inspection and submitted updated evidence to us. However these issues should have been dealt with more proactively and captured as part of regular reviews.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the actions taken or updates were not always documented. For example, actions taken as part of the legionella risk assessment, flushing outlets and monitoring water temperatures, were not recorded.
- The provider was aware of the requirements of the duty of candour. However the process was not formally recorded within a policy. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 8% above the CCG and 9% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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

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

Good



- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was 1% above the CCG average and 6% above the national average.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for those who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.

Good



Summary of findings

- 90% of patients diagnosed with poor mental health had an agreed care plan in place in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing below local and national averages for access to the practice. 230 survey forms were distributed and 99 were returned. This represented 0.08% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 69% 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 positive about the standard of care received. Comments included 'staff are good, caring and professional', 'they are responsive' and 'it is an excellent service'. One less positive comment reported dissatisfaction with a member of staff. Seven less positive comments reported waiting seven to ten days to book a routine appointment with a GP.

We spoke with eight patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Baslow Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector, a second inspector and a GP specialist adviser.

Background to Baslow Road Surgery

Baslow Road Surgery is located in Totley on the outskirts of Sheffield. The practice has a branch surgery at Darnall Health Centre in Sheffield, S9 5DH and at Shoreham Street, Sheffield S1 4SS. The practice provide services for 12,179 patients under the terms of the NHS General Medical Services contract. The collective practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the local area. Half of the patient population are registered at Baslow Road. Each of the three surgeries is situated in a different geographical and socio-economic area of Sheffield. Baslow Road is in an edge of city suburban environment.

The practice has five GP partners, two male and three female, three salaried GPs, two female and one male, a lead nurse, two practice nurses, two trainee practice nurses, two healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice premises are open from 8.30am to 6pm Monday to Friday across all three sites. Telephone calls to each site between 8am to 8.30pm and 6pm to 6.30pm are answered by practice staff. The Shoreham Street site closes daily from 1pm to 2pm and telephone calls during this time are diverted to one of the other sites. Appointments with

staff are available throughout the day at all the sites. Extended hours appointments are offered with GPs on Monday and Tuesday evening until 8pm and with the practice nurses on Wednesday evenings until 8pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

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 to share what they knew. We carried out an announced visit to the Darnall surgery on 5 December 2016 and to Shoreham Street and Baslow Road on 13 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GP, practice nurse, practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed communications between staff and patients and talked with carers and/or family members.
- Reviewed 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

The practice had a 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 significant event book in the reception area at each site. Staff would document concerns in the book which would be reviewed by the practice manager for further investigation.
- The significant event book did not capture the recording of notifiable incidents under the duty of candour as these would be captured separately usually using the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) guidance and accident book. (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).
- Staff told us that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an 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, we were told the procedure for storing vaccinations was reviewed following a near miss. The procedure for checking the temperature of the medical fridges were reviewed and a second independent thermometer placed in them. We saw learning from the incident was shared with staff at a meeting.

The practice did not have a significant events policy. The majority of staff had worked at the practice for a number of years and significant events were dealt with by following existing custom and practice rather than having a policy or procedure to refer to. Since the inspection the practice have shared with us a copy of the significant event protocol dated January 2017. We noted it does not contain reference to duty of candour.

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. Staff used safeguarding protocols within the clinical system to determine actions to be taken. We noted the practice safeguarding policy for children did not contain the practice lead details and the procedure for disclosure and barring checks for new staff did not follow practice procedure. The practice manager amended this on the day of inspection to include the safeguarding lead's details and reflect the pre-recruitment checks undertaken. Safeguarding teams contact details were displayed in treatment rooms and staff used safeguarding protocols within the patient record system to support them making referrals. There was a lead member of staff for safeguarding and all staff we spoke with knew who this was and told us they would not hesitate to report concerns to them. 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. The lead GP was trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses and healthcare assistants would normally chaperone patients. If they were not available senior receptionists, supervisor's or an assistant practice manager would act as a chaperone if they were trained for the role. Not all had received a Disclosure and Barring Service (DBS) check as they had worked at the practice prior to registration with the Care Quality Commission in 2013. (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). We were told all new staff who would undertake chaperone duties would have a DBS check prior to employment. Following the inspection the practice shared with us a risk assessment for reception staff without DBS checks who would not be expected to chaperone patients.

Overview of safety systems and processes

Are services safe?

- We observed the all premises to be clean and tidy. Records of areas cleaned were not kept and monthly audits undertaken to ensure the effectiveness of cleaning were not documented.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control checks were undertaken and we saw actions were taken in accord with the findings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with safe best practice guidelines.
- Electronic blank prescription forms and pads were securely stored. Prescription pad use was not recorded in line with NHS Protect Security of Prescription Guidance 2013 as they were not tracked through the practice. Following the inspection the practice manager confirmed this had been reviewed to reflect the process for electronic prescriptions.
- Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. Five of the patient group directives in use had been signed by the practice nurses and not authorised by a practice representative. A GP signed them during the inspection. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. We were told references were obtained verbally over the telephone and the person spoke with and date they were undertaken recorded on the pre-employment checklist.
- The provider did not follow the practice recruitment policy specifying all clinical staff should have a DBS

check prior to employment at the practice. DBS checks for new clinical staff were not undertaken on employment at the practice and previous DBS checks for other employers used. For example, a practice nurse employed in March 2016 had a DBS check dated August 2014 for an unqualified role. Another practice nurse employed in March 2016 had a DBS for another role dated November 2015. A member of reception staff who started at the practice in May 2016 had a DBS check on file for another employer from March 2016. We were told this member of staff was not a chaperone. Following the inspection the practice informed us a new DBS check had been completed in February 2017 for the practice nurse who had a DBS check for a previous unqualified role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available at each site with a poster in the reception office which identified local health and safety representatives. We noted the poster at the Darnall site did not record the local representatives.
- The practice manager had completed the fire risk assessments for the Shoreham Street and Balsow Road sites in July 2016. Fire alarms were tested regularly at all sites and fire extinguisher equipment maintained annually. We were told fire evacuation drills were not carried out at the Baslow Road and Shoreham Street sites due to the disruption they would cause to the clinics being held. The fire risk assessment documented staff were trained in evacuation procedures in July and October 2016. Records of previous false alarms and a fire risk log were not kept. The practice did not have a visitors signing in book at the Shoreham Street and Baslow Road sites and we noted the staff area and patient waiting area at Baslow road did not have any fire exit signage, specifically relating to the entrance door. Following the inspection the practice have demonstrated two further fire exit signs have been installed in this area.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A risk assessment had been completed for Legionella in December 2016 for the Darnall site. The legionella risk assessment for the Shoreham Street site was due for review in September 2015. We were told this had been reviewed at the time. However, the findings were not documented within the risk assessment. The risk assessment for the Baslow road site had been updated by hand written notes and the date of which was not captured. The risk assessment recommended weekly flushing of outlets and monthly checks of water temperatures. We were told the flushing was completed by the cleaners but this was not recorded. The practice manager told us monthly temperature checks were undertaken but again not recorded. There was a shower on site at Baslow Road which was used regularly by staff working at the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection the practice shared with us a weekly outlet flushing log sheet commenced in January 2017 and a check of the water temperatures taken on 23 January 2017 for the Baslow Road site.
- 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available at all the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan which consisted of two pages and described actions to be taken in the event of an incident. We noted the plan did not include the numbers of any utility companies, the alarm company or staff to be contacted. We were told the alarm company had the practice managers details to contact in the case of an emergency outside any of the Baslow Road and Shoreham Street opening hours. There were separate arrangements for the Darnall site managed by the landlords representative.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 were 97.7% of the total number of points available with 10.6% exception reporting which was 1.3% above the CCG and 1% above the national 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). Data from 2015/16 showed:

- Performance for diabetes related indicators was 8% above the CCG and 9% above the national average.
- Performance for mental health related indicators was 7% above the CCG and the national average.
- Performance for chronic obstructive pulmonary disease related indicators was 11% below the CCG and 13% below the national average.

Staff explained to us they had reviewed the outcomes for chronic obstructive pulmonary disease and discovered the incorrect codes were being used. This had contributed to the under achievement in the outcomes. Staff had been briefed at a meeting to use the correct codes.

There was evidence of quality improvement including clinical audit. Several clinical audits were completed in the last two years, three of these were completed audits where

the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients taking medicines for rheumatoid arthritis to ensure they were taking the correct dose and combination of medicines.

Information about patients' outcomes was used to make improvements such as improving access to an appointment for patients with poor mental health.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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, discussion at practice meetings and attendance at local training events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses and GPs. Of the staff we spoke with, one member of administrative staff told us they had not had an appraisal for three years.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. The practice had recently secured access to e-learning and we were told staff would be working through information governance modules.

Are services effective?

(for example, treatment is effective)

- The practice was a clinical placement area for nursing and medical students. Staff shared with us students positive evaluations of time spent at the practice and described the atmosphere at the practice as inclusive and staff were dedicated and very supportive.
- Staff at the practice developed a mentorship programme developed for nurses joining the practice who were undertaking the practice nurse course at the university. Practice nurses told us they felt extremely supported to complete the course and obtain the additional skills and competence to care for patients in the GP surgery setting.

Coordinating patient care and information sharing

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

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

Staff worked together and with local GP practices in the area to meet with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other practices and services monthly where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example those receiving palliative care, 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.

- A counsellor held clinics offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the Darnall Health and Wellbeing project. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 87%, which was 1% above the CCG average and 6% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured 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 85% to 96% and five year olds from 88% to 96%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 27 patient Care Quality Commission comment cards we received were positive about staff and said they were helpful, caring and treated them with dignity and respect. One less positive comment reported dissatisfaction with a member of staff.

We spoke with five patients. 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 rated the practice higher than others for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 97% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- All patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

The practice nurses had completed their own patient satisfaction survey. The results of the survey demonstrated patients were very satisfied with the care and treatment provided by the team and identified two areas for improvement relating to appointments. For example, to provide quicker access to appointments and keeping them to time. The results were subsequently discussed at a practice nurse meeting and resulted in appointments being revised to offer appropriate length and type of appointment. The changes implemented are to be reviewed in the future by completing the survey again.

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:

- 90% 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%.
- 85% 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 the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients as carers (1% of the practice list). We saw written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP may contact them to provide advice on how to find a support service.

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. Each of the three surgeries were situated in a different geographical and socio-economic area of Sheffield. The practice engaged with the three separate neighbourhood groups to work with other GP practices to address the health requirements of the different patient populations.

- The practice offered pre-bookable appointments with GPs on Monday and Tuesday evening and with the practice nurses on Wednesday evenings until 8pm.
- There were longer appointments available for those who needed 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 required them.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available at each site.

Access to the service

The practice premises were open from 8.30am to 6pm Monday to Friday across all three sites. Telephone calls to each site between 8am to 8.30pm and 6pm to 6.30pm were answered by practice staff. The Shoreham Street site closed daily from 1pm to 2pm and telephone calls during this time were diverted to one of the other sites. Appointments with staff were available throughout the day at all the sites. Extended hours appointments were available with GPs on Monday and Tuesday evening until 8pm and with the practice nurses on Wednesday evenings until 8pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

A new telephone system had been recently introduced to the Baslow Road and Shoreham street and patients told us telephone access had recently improved. Several comments on the CQC comment cards and people we spoke with on the day of inspection told us there was often a long wait for routine appointments with GPs. The practice were aware of this and had recently introduced a GP triage system and GP telephone consultations to address the issues along with employing an advanced nurse practitioner to see patients with a minor illness at the Baslow Road site.

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.

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 a 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.

The practice website and the practice leaflet advised people to contact the practice manager, in person or writing, if they required further information about making a suggestion or complaint. Patients told us they had to make a complaint in order to obtain a copy of the practice complaints leaflet. We asked to see a copy of the leaflet and noted it did not include the details of the Parliamentary Health Service Ombudsman details.

Are services responsive to people's needs? (for example, to feedback?)

We looked at seven complaints received between April 2015 to March 2016 and found lessons were learnt from individual concerns and complaints. For example, staff reviewing their communication style following feedback from patients and identifying areas for improvement.

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 quality statement and staff spoke enthusiastically about working at the practice, they told us they felt valued and supported. Staff told us their role was to provide the best care to patients. The practice had business plans which reflected the vision and values and were regularly monitored by the partners.

Governance arrangements

The practice had an overarching governance framework which mostly supported the delivery of the strategy and good quality care. There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Some practice specific policies were available for staff to use. During the inspection some of those we looked at were incomplete or did not have a sign off date. For example, the needle stick injury protocol was not dated and the local contact details for the communicable disease centre were missing. The practice did not have a significant event policy. The child safeguarding policy did not have an implementation date and details of the practice safeguarding leads were missing and it did not contain reference to the practice DBS procedures. The practice responded to the issues pointed out during the inspection and submitted updated evidence to us. However these issues should have been dealt with more proactively and been under regular review.

A comprehensive understanding of the performance of the practice was maintained. Various clinical and internal audits were performed and outcomes shared and cascaded at practice meetings to monitor quality and to make improvements. The practice did not have a system to record all of the quality improvement activity.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the actions taken or updates were not always documented. For example, actions taken as part of the legionella risk assessment, flushing outlets and monitoring water temperatures, were not recorded. We were told the legionella risk assessment for the Shoreham Street premises had been reviewed in September 2015 and the risk assessment was yet to be updated.

Leadership and culture

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

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

The partners encouraged a culture of openness and honesty. We were told that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Since the inspection the practice have shared with us a copy of the significant event protocol dated January 2017. We noted it does not contain reference to duty of candour.

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

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

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

The practice sought patients' feedback through the friends and family test and practice nursing staff provided a questionnaire for their patients.

The practice had gathered feedback from patients through surveys and complaints received. The Darnall site had a patient participation group (PPG). Meetings had not been held recently as membership numbers of the groups had reduced. The practice manager told us they had attempted

Are services well-led?

Requires improvement 

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

to form PPG's at the Baslow Road and Shoreham Street and there had been little response. Practice staff attended a local community group in the Shoreham Street area to represent the practice and gain feedback.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed the role of the lead nurse to support new practice nurses undertaking the practice nursing university course. They had recently employed an advanced nurse practitioner to provide minor illness clinics at the Baslow Road site.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not continually evaluate and seek to improve their governance processes.</p> <p>This is because:</p> <p>We found that the provider did not always maintain accurate and contemporaneous records in respect of the management of regulated activities.</p> <p>The practice responded to the issues pointed out during the inspection and submitted updated evidence to us. However these issues should have been dealt with more proactively and been under regular review</p> <p>This was in breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |