

Dr S C Eilbeck and Dr T R Cossham

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		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 S C Eilbeck and Dr T R Cossham on 21 April 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills and expertise to deliver effective care and treatment to patients and this was maintained through a programme of continuous development to ensure skills remained current.
- Patients told us staff were exceptionally caring, they were treated with compassion, dignity, respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care and treatment was consistently strong and positive. National GP patient survey data published 7 January 2016 showed patient satisfaction was very high with 100% of patients saying they had confidence and trust in the last GP they saw or spoke to (national average 95%).

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had in the previous month seen its list size increase by approximately 700 patients due to the closure of a nearby practice. They had been very proactive in getting to know the background of these new patients and had recruited an extra doctor to meet the additional demand on the practice.

Summary of findings

The area where the provider should make improvement is:

- The practice should consider the need to have a defibrillator on site to deal with medical emergencies and complete a formal risk assessment.

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, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average for the locality and compared to the national average. The practice had achieved 97.3% of the total number of points available, with 5% exception reporting which was 4.3% lower than the CCG average. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions (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).
- Staff assessed needs and delivered care in line with current evidence based guidance and we saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, data showed the practice had a low number of patients being admitted to hospital with long term conditions 10% compared to the national average of 20%. They also had a low rate of attendance at Accident and Emergency 61% (national average 80%), despite their close proximity to the local hospitals.
- The practice had undertaken 12 completed clinical audits in the past two years to demonstrate quality improvement.
- Patient uptake for national programmes such as cervical screening and immunisation programmes were high. QOF data

Summary of findings

showed 94% of women eligible for a smear had received one (national average 82%). Public Health data showed 83% of patients aged over 65 had received the annual flu vaccination (national average 73%), and at risk groups 67% (national average 53%).

- Staff had the skills, knowledge and experience to deliver effective care and treatment and this was maintained through a programme of continuous development to ensure their skills remained current and 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.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example 100% of patients had confidence and trust in the last GP they saw or spoke to (compared to CCG average of 96%, national average of 95%). The practice achieved particularly strong results around patient's involvement in care and treatment decisions. For example, 99% of patients said the GP was good at listening to them (national average 89%), 97% said the last GP they saw was good at explaining tests and treatments compared to national average of 86% and 90% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- Feedback from patients about their care and treatment was consistently strong and positive.
- We observed a strong patient-centred culture. Carer's fed back to us how the GP had supported them from initial diagnosis throughout the journey of the illness. Patients told us 'my GP really knows me and my family well and is able to treat us better as a result of this'. Patients said 'they could speak freely to the GPs who listen'. A patient with long term conditions told us how the GP had rang her back late evening as this was the only time the patient would be available which she said 'offered continuity of care'.
- Patients who were receiving care and treatment at the end of their lives were given direct contact numbers for their GP so that they could seek their support at all times.
- Patients said their choices and preferences were valued and acted on. Patients we spoke to told us 'they felt they were in a

Good



Summary of findings

partnership with their GP when making decisions about treatment and any referrals and investigations were sorted very quickly'. Patients told us the service they received was 'personal'.

- We saw all staff greet patients personally and treat them with kindness and respect whilst maintaining patient and information confidentiality. We observed the GPs collecting patients personally from the waiting room for their appointment and one patient told us 'he liked this personal touch, he felt relaxed by the time he got to the doctors room'.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- As well as visiting patients at home who had acute conditions, the GPs also scheduled routine home visits to follow up patients who had been identified as needing extra support.
- It was practice policy for the GP to visit all new mums at home within two weeks of the birth of their child. Patients told us this service offered reassurance and support.
- 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.

Good



Are services well-led?

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

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

Good



Summary of findings

- The practice had carried out proactive succession planning and had adjusted services to deal with the influx of new patients following the closure of a local practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 routine GP home visits as well as urgent appointments and home visits for those with enhanced needs.
- Elderly patients experiencing social isolation or who required help accessing social benefits would be referred to the community support worker.
- Elderly patients were discussed at the practice multidisciplinary team meetings.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 83%, 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.

- The GPs had lead roles in chronic disease management together with the practice nurse and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Of those patients diagnosed with asthma 80% had received a review in the preceding 12 months (compared to the national average of 75%).
- The practice had identified patients with asthma who had been hospitalised or with poorly controlled asthma to offer support as part of a local quality improvement scheme objective.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Childhood immunisation rates were higher than national averages.
- 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.
- Data showed 94% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- All children under the age of five were offered a same day appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a process in place to visit all new mothers at home within the first two weeks after the birth of their child. If it was a first baby the GP may visit on more than one occasion. Patients told us this service offered reassurance and support.
- We saw 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 appointments two evenings a week at the practice (two days a week with a GP and one day with the nurse). It also offered weekend and evening appointments through the Sheffield satellite clinical scheme.
- The practice offered GP telephone triage for patients who could not attend the practice in person.
- The practice offered 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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Staff told us they were aware of patients whose circumstances may make them vulnerable and would routinely offer them an appointment at the beginning or the end of the clinic to avoid them having to wait in reception.
- The GPs would schedule to visit patients who had been identified by staff as potentially needing extra support and the GPs would arrange to visit patients who were undergoing long term hospital treatment, for example, chemotherapy at home as a matter of routine to offer additional support.
- Patients who were receiving care and treatment at the end of their lives were given direct contact numbers for their GP so that they could seek their support at all times.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- 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.

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).

- Of those patients diagnosed with dementia, 88% had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Of those patients diagnosed with a mental health condition, 100% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. There were 230 survey forms distributed and 126 forms were returned. This represented 3.8% of the practice's patient list at that time.

- 83% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 94% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all very positive about the standard of care received.

We spoke with ten patients during the inspection who said they were very happy with the care they received and thought staff were approachable, committed and caring and the treatment they received was of a very high standard. All feedback we received about the practice was very positive and complimentary about all staff and we observed a strong and visible patient centred culture within the practice.

Dr S C Eilbeck and Dr T R Cossham

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr S C Eilbeck and Dr T R Cossham

Dr S C Eilbeck and Dr T R Cossham also known as Falkland House Surgery is located in a converted house and accepts patients from postcode S11 in Sheffield. Public Health England data shows the practice population has a higher than average number of young patients aged 10 to 25 years and older patients aged 40 to 85 years compared to the England average. The majority of patients registered with the practice are white British and the practice catchment area has been identified as one of the tenth least deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 3981 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Dr S C Eilbeck and Dr T R Cossham has two GP partners (one female, one male), one female salaried GP, one female practice nurse, one female healthcare assistant, two practice managers who job share and an experienced team of reception and administration staff.

The practice is open 8.30am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 2.30pm. The GP collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered Tuesday eventings until 7.15pm and Wednesday evenings until 7pm. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

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 8.30am. 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 surgical procedures.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016. During our visit we:

- Spoke with a range of staff (three GPs, practice nurse, healthcare assistant, two practice managers and three reception staff) and spoke with ten patients who used the service including members of the patient group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 or GP of any incidents who would then complete a recording form.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the appointment system was altered to allow time for staff to complete the necessary paperwork for blood test requests.

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 GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP and new practice nurse were the infection prevention and control (IPC) clinical leads who liaised with the local IPC team 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. We noted the clinical waste collection bins were kept outside in an area accessible to the public. The practice manager told us this would be reviewed immediately and the bins would be placed in a fenced area that was available for waste collection bins.
- 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. 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 nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the healthcare assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three recruitment files and found appropriate checks for staff employed since the practice registered with the CQC had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, health and safety, 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.

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.
- The practice did not have a defibrillator available on site. The practice had assessed the need to have one but this was not documented.
- There was oxygen with adult and children's masks available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

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 on the practice intranet system and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.3% of the total number of points available, with 5% exception reporting which was 4.3% lower than the CCG average. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 8.2% above the CCG and 9.4% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2.2% above the national averages.
- Performance for mental health related indicators was 5.7% above the CCG and 7.2% above national averages.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years which were two cycle completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients with heart failure had been carried out to monitor and review medication doses were appropriate for individual patients. Initial results showed 29% of patients had not been tried on an increased dose of medication. The practice reviewed these patients and re-audit showed only 13% of patients had not tried the higher dose. All patients had been added to the recall register to be reviewed and a flag put on their record to prompt staff to review if seen sooner. The practice planned to re-audit.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, IPC, 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. The new practice nurse had been booked onto specific courses and staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, Public Health England immunisation updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, coaching 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, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were 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 utilised the e-referral system when referring patients to secondary care and had access to an online portal system which included guidelines on local referral pathways and referral forms. We saw evidence that multidisciplinary team meetings took place on a regular basis and 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. Patients were then signposted to the relevant service.

The GPs scheduled routine home visits to follow up patients after the initial consultation or if a member of staff identified a patient may need extra support. Data showed the practice had a low rate of accident and emergency attendances 61% compared to the national average of 80% and a low number of patients being admitted to hospital with long term conditions 10% compared to the national average of 20%.

The practice's uptake for cervical screening was 94%, which was higher than the national average of 82%. There was a policy to send reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.3% to 100% and five year olds from 85.4% to 97.6%.

Flu vaccination rates for the over 65s were 83%, and at risk groups 67%. These were also above 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

There was a strong and visible patient centred culture within the practice and patient satisfaction was very high. Throughout the inspection we found that delivering good patient care was a priority for all staff and all patient feedback we received was very positive and complimentary. Patients gave many examples of how staff had gone the extra mile for them, for example, inviting them to come at the end of clinic despite the practice closing, to offer continuity of care to a patient with long term conditions. We observed members of staff were courteous and very helpful to patients both at the reception desk and on the telephone and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. Staff told us they knew patients well and would book convenient appointments either at the beginning or end of the clinic if they knew the patient was vulnerable.

All of the 18 patient CQC comment cards we received were very positive and complimentary about the service experienced. Patients said they felt the practice offered an excellent service and staff were consistently helpful, caring and treated them with dignity and respect. CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented 'both doctors are extremely caring and thoughtful and the reception staff are excellent', 'this practice has got everything above and beyond and is brilliant', 'the service my husband and I have received is exceptional', 'on many occasion I've felt the surgery has gone far beyond my expectations', 'when moving house recently my priority was to remain in the constituency of this practice; thats how important this service is to me'.

We spoke with ten patients including members of the patient participation group during the inspection who told us their care and treatment was of an exceptionally high standard. All staff received praise for their professional and caring attitudes to patients.

Patients consistently described the service received as 'personal' and 'friendly'. Carers told us how the GP and practice had supported them from initial diagnosis when they were upset throughout the journey of the illness.

Data showed patients consistently rated the practice higher than others for almost all aspects of care. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 100% of patients said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 99% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said the GP gave them enough time (CCG and national average 87%).
- 95% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. One patient told us 'they felt in partnership with the GP when making decisions about treatment and referrals and investigations were sorted very quickly'. Patients 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. Patients said they could on occasion be late being called into their appointment but this was not a problem as they were given more than enough time within their own consultation and they 'never felt rushed'. Comments on the CQC comment cards also reflected this.

Are services caring?

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

- 97% 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%.
- 90% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Patient and carer support to cope emotionally with care and treatment

The GPs would arrange to visit patients who were undergoing long term hospital treatment, for example, chemotherapy at home as a matter of routine 'to see how they were doing' and to offer additional support.

Patients who were receiving care and treatment at the end of their lives were given direct contact numbers for their GP so they could seek their support at all times.

The GPs scheduled routine home visits to follow up patients after initial consultation or if a member of staff identified a patient needed extra support or were not themselves and we saw an example of this on the day of the inspection.

Notices in the patient waiting room told patients how to access a number of support groups and organisations for example information on local mental health workshops.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers which represents 1.4% of the practice population. There was a dedicated notice board in the waiting room for carers which included information regarding local social activities and contact telephone numbers for carers who required advice or emotional support. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us if families experienced bereavement, their usual GP would contact them personally and usually visited the family to offer support and advice.

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, as part of a local quality improvement scheme the practice had identified patients with asthma who had been hospitalised or poorly controlled to review treatment and offer support.

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday and Wednesday evenings. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area, through the Prime Minister's Challenge Fund.
- The practice offered telephone triage and GP telephone consultation appointments for those patients who could not attend during the day.
- There were longer appointments available for patients with a learning disability and those who needed them. Staff told us they knew patients well and would ensure a patient whose circumstances may make them vulnerable were given a convenient appointment either at the beginning or at the end of the surgery.
- Home visits were available for those patients who had an acute problem. The GPs also scheduled routine home visits to follow up patients after the initial consultation or if a member of staff identified a patient may need extra support or were not themselves.
- It was practice policy for the GP to visit all new mums at home within two weeks of the birth of their child. Patients told us this service offered reassurance and support.
- Same day appointments were available for children under the age of five years and those with serious medical conditions. The patients we spoke to told us they could normally get an appointment the same day.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.

- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of the yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if the vaccine was required.
- All the consulting rooms were on the ground floor. There was a ramp and automatic door at the entrance to enable ease of access.

Access to the service

The practice was open with consultations available between 8am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 2.30pm. Extended hours were offered 6.30pm to 7.15pm Tuesday evenings and Wednesday 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to eight 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 above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients said they could get through easily to the surgery by phone (national average 73%).
- 87% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

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. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored. The practice had recently had an influx of approximately 700 new patients in the previous month due to the closure of a local practice. The practice had reviewed the needs of the practice population and had made adjustments accordingly by recruiting new staff. The practice had been pro-active in carrying out succession planning to recruit a new GP partner due to the impending retirement of one of the current GPs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had developed an intranet which included links to guidance, resources and protocols for staff, for example, NICE guidelines, clinical pathways, log of safety alerts, minutes of staff meetings and safeguarding which all staff could access instantly.
- Practice specific policies were implemented and were available to all staff in a designated area on the intranet system.
- 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 arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the 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 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 patient participation group (PPG) was newly formed. The members of the group we spoke with were extremely positive and enthusiastic about driving the group forward to be the link between patients and the practice. The group had the full support of the GPs and the management team at the practice and they told us how they were actively promoting the group to potential new members by putting posters up in the community. The group had developed a performance plan to

Are services well-led?

Good 

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

network with local agencies, for example Sheffield Healthwatch and the CCG. They told us they had discussed plans to develop with the practice specific surveys to seek the views of patients.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice was looking at a healthcare assistant course as a development opportunity for one of the receptionists and the new practice nurse had been booked onto advanced training courses in chronic disease management.