Devonshire Green Medical Centre

Quality Report

126 Devonshire Street
Sheffield
S3 7SF
Tel: 0114 2720255
Website: www.devonshiregreenandhanover.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Devonshire Green Medical Centre and the branch site at Hanover Medical Centre on 9 November 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events.
- Some risks to patients were assessed although shortfalls were identified with regard to recruitment checks, review of risk assessments such as fire and legionella, there was no record of fire drills and a lack of cleaning schedules.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff told us they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment although there was no overview or monitoring by the provider of what training staff had received or when it was due.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Although information about the complaints process was not displayed, we saw that a leaflet was available behind the reception desk to help patients understand the complaints system.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an urgent appointment at the daily drop in clinic. The next routine GP appointment was seen to be in two weeks' time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

Summary of findings

- The practice participated in an outreach clinic at the salvation army hostel and the Cathedral Archer Project drop in centre one day a week. This enabled the GPs to encourage patients to engage in primary medical care, to promote better chronic disease management and health promotion, provide easy access and opportunistic screening to homeless patients. The practice also offered drop in clinics daily at both sites to support the homeless patients who were registered at the practice to access services.
- The practice had employed its own Somali link worker to support and assist patients. The link worker would assist with interpretation and had an advocacy role liaising with the local Somali community. We were told she would assist patients in reception when booking appointments and would assist patients to interpret letters.

The areas where the provider must make improvement are:

- Ensure all clinical staff employed since the practice registered with CQC have a Disclosure and Barring Service (DBS) check in place and ensure references for staff recruited are obtained and a record kept.
- Ensure all staff receive safeguarding training as recommended in the Intercollegiate Document, March 2014.
- Ensure all staff receive basic life support training as recommended in the Resuscitation Council (UK) Guidelines for staff working in a primary care organisation.
- Complete a review of the Fire risk assessment and follow the practice's own Fire Safety Policy by implementing a system for fire alarm maintenance testing and fire drills and keep documentation of this.
- Ensure the Legionella risk assessment is reviewed and the actions in place are appropriate to mitigate the risks identified.
- Ensure a system is implemented to monitor what training staff have received and when it is due.
- Ensure there is a system to monitor clinical staff are registered with their professional body and medical indemnity cover is in place, appropriate and renewed for clinical staff.
- Implement a system to ensure safety alerts received by the practice are actioned and monitored.
- Ensure there are cleaning schedules in place to monitor what cleaning has taken place and when.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was a system in place for reporting and recording significant events.
- Lessons were shared from significant events to make sure action was taken to improve safety in the practice. However, there was no clear system in place to review, action or monitor safety alerts when they came into the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were shortfalls in recruitment checks, there was a lack of monitoring of staff training and gaps in training with regards to safeguarding and basic life support. Although there were some risk assessments in place, some of these had not been reviewed for a number of years. Fire safety checks including fire alarm maintenance checks and fire drills were not carried out as identified in the practice's own Fire Safety Policy. We did not see any monitoring of cleaning schedules and no record of up to date deep cleaning of carpets in consulting room.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. However, The practice manager had identified some staff who had not received an appraisal for 18 months to two years. There was a planned schedule in place to complete these for staff who had been identified as overdue.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group and worked with local charities to support patients. For example, the practice offered outreach clinics in the community to support patients who were homeless to access primary care.
- Patients said they found it easy to make an urgent appointment at the drop in clinic. The next routine appointment was seen to be in two weeks' time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had employed its own Somali link worker to support and assist patients. The link worker would assist with interpretation in consultations and as an advocate for patients of the local Somali community. She would assist patients in reception when booking appointments and would interpret patient letters. The link worker was predominanently based at the Hanover branch site where there was a higher number of patients from this community.
- The practice participated in an outreach clinic at the salvation army hostel and at the Cathedral Archer Project drop in centre once a week. This enabled the GPs to encourage patients who were homeless to engage in primary medical care, to promote better chronic disease management and health promotion, provide easy access and opportunistic screening. The practice also offered drop in clinics daily at both sites to support the homeless patients who were registered at the practice to access services.

Summary of findings

- Although information about the complaints process was not displayed, we saw that a leaflet was available behind the reception desk to help patients understand the complaints system. The practice manager told us a poster would be displayed to direct patients should they wish to complain.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision 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 it.
- There was a leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there were shortfalls seen in monitoring processes. For example, there were shortfalls in recruitment checks of clinical staff, one practice nurse who was employed since the practice registered with CQC had not received a DBS check and there were no references for a clinical staff member recruited since the practice registered with CQC. We did not see an overview of staff training to monitor what training staff had received or when it was due and there were some gaps with regard to reception staff not having a record of safeguarding training and two clinical staff not having basic life support training. There was no oversight of registration with the clinical professional bodies for GPs and nurses to ensure registration did not lapse and no oversight or monitoring of what medical indemnity cover was in place for the practice nurses.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were shortfalls with regard processes to action and monitor safety alerts, fire safety checks did not follow the practice's own Fire Safety Policy, there were irregular checks of the maintenance system and no record of fire drills. Safety risk assessments such as fire and legionella had not been reviewed for some years and there was no overview or monitoring of cleaning.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged

Summary of findings

a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

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

People with long term conditions

Requires improvement

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

- The practice had retained a team approach for long term condition management with GPs and nurses undertaking this role and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the diabetic specialist nurse held clinics at the practice to support patients with more complex needs.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were slightly below national averages for some of the standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 80% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice hosted a healthy eating enthusiast from the Enhanced Public Health programme to sit in the waiting room during baby clinic to encourage young parents with healthy eating.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

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

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

People whose circumstances may make them vulnerable

Requires improvement

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

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- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients who were homeless. Practice data identified 16% of the patient list size to have been registered as homeless and the practice had also identified a significant number of patients on their practice list with a history of alcohol and substance misuse.
- The practice offered longer appointments for patients with a learning disability and the daily drop in clinic assisted patients who were not able to telephone the practice for an appointment.
- The practice regularly worked with other health care professionals and charitable agencies in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice participated in an outreach clinic as part of the Cathedral Archer Project one day a week. This enabled the GPs to encourage better chronic disease management, promote health promotion and opportunistic screening to homeless patients. The practice also offered drop in clinics daily at both sites to support the homeless patients who were registered at the practice to access services.
- The practice had worked with the Tuberculosis (TB) Network (TB is an infectious bacteria mainly found in the lungs) in Sheffield to try to encourage, find and treat the latent TB in the homeless population. The practice had held a TB awareness session in the community in conjunction with a 3rd sector organisation.
- The practice hosted a Health Trainer one afternoon each week to support patients with health and lifestyle options.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice employed a Somali link worker to assist and support patients at the practice. She would be used as an interpreter in consultations and on visits and would liaise with the local Somali community to support their needs.
- Staff we spoke with knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- Of those patients with dementia, 82% had received a face to face review of their care in the last 12 months, which is comparable to the national average of 84%.
- Of those patients diagnosed with a mental health condition, 93% had a comprehensive care plan reviewed in the last 12 months, which is higher than the national average of 88%. The practice had a higher prevelance of patients with mental health issues at 2.98% which was 2.08% higher than the CCG and national average.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia and the practice had good links with the Homeless Mental Health Team (HAST) who were based within the practice.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. There were 313 survey forms distributed and 92 forms returned. This represented 1.4% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no CQC comment cards.

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

Devonshire Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a second inspector and a GP specialist adviser.

Background to Devonshire Green Medical Centre

Devonshire Green Medical Centre is located in a purpose built health centre in inner city Sheffield with a branch site known as Hanover Medical Centre located in the Broomhill area of Sheffield. The practice accepts registration from patients of the surrounding areas.

Practice data confirmed 16% of patients on the practice register had been registered homeless and there was a high number of patients where English was not their first language. Public Health England data shows the practice population has a higher than average number of patients aged 0 to 55 year old compared to the England average. The practice catchment area has been identified as one of the third most deprived areas nationally.

We inspected both sites as part of this inspection.

The practice provides General Medical Services (GMS) under a contract with NHS England for 6728 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.

Devonshire Green and Hanover Medical Centre has five GP partners (four female, one male), one male advanced nurse practitioner, two female practice nurses, one healthcare assistant, a practice manager and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students, GP registrars and nurse students.

Devonshire Green Medical Centre is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon. The branch site at Hanover Medical Centre is open 8.30am to 6pm Monday to Friday with the exception of Tuesday and Thursday when the branch closes at 12 noon and Friday when the practice closes at 6.30pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. 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 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted a change to the registered details of the service in that the branch site at Hanover Medical Centre was registered as a separate location and not included on the registration of Devonshire Green as a branch. The partners identified on the partnership did not reflect the partners in the practice. The practice manager told us following the inspection that forms were in the process of being completed.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

- Spoke with a range of staff (two receptionists, healthcare assistant, practice nurse, Somali link worker, three GPs, GP registrar and practice manager) and spoke with seven patients who used the service.
- Inspected the main site at Devonshire Green and the branch site at Hanover Medical Centre.
- 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 records relating to the management of the practice.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence 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 a thorough analysis of the significant events.

We reviewed significant events and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the procedure for booking an appointment for a child had been reviewed and clarified with reception staff to ensure children were offered same day access.

We did not see evidence of a system for monitoring and managing safety alerts within the practice. The GPs told us these were discussed but there was no overview of who was taking action from the alert and who was monitoring they had been completed.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse although there were some shortfalls in monitoring of processes and staff training, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who was trained to safeguarding children level three. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with told us they had attended training and demonstrated they understood their responsibilities. However, there was no documented evidence of what safeguarding training staff had received or whether the level was relevant to their role. Following the inspection the practice manager provided an update on safeguarding training. The GPs had attended a training event in May 2016 and were trained to child safeguarding level three, other staff had received training in November 2015. However, there were some gaps with regards the safeguarding training of some reception staff. The practice manager confirmed following the inspection that safeguarding training level three had been arranged for 6 December 2016 for all staff to attend.
- A notice in the waiting room advised patients that chaperones were available if required. All reception 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).
- We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control 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. However, we did not see evidence of cleaning monitoring sheets or monitoring of deep cleaning of the carpets in the consulting rooms. The GP and practice manager told us there was a schedule of replacement in place for the carpets. We were told quotes for the work had been received and the plan was to complete this work by the end of March 2017. The practice manager provided evidence following the inspection that the carpets had been deep cleaned in 2013.
- 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).

Requires improvement

Are services safe?

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 best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found there were some shortfalls in the recruitment checks undertaken prior to employment. There were no references in a file for a clinical member of staff and Disclosure and Barring Service checks had not been completed for two practice nurses, one of whom had been recruited since the practice had registered with CQC. The GP told us following the inspection that the practice were in the process of applying for DBS checks for new staff members. There was no system in place to monitor clinical staff had renewed their annual registration with the professional bodies for medical and nursing staff. There was no overview or monitoring of what medical indemnity cover was in place for the practice nurses. The practice manager provided evidence following the inspection that medical indemnity cover for the practice nurses was in place.

Monitoring risks to patients

Risks to patients were assessed although there were some shortfalls with regard to monitoring of risk assessments and staff training.

- There were some 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 area. This identified the local health and safety representative. The practice did not have an up to date fire risk assessment in place. The last fire risk assessment was completed in 2014 and there was no evidence this had been reviewed. The practice had an irregular system in place for fire alarm maintenance checks. We observed the system had been checked twice in October 2016, twice in September, and not at all in August. There was no documentation fire drills had been carried out. Staff told us they thought it was approximately 18 months since the last drill. The practice's own Fire Safety Policy stated a fire drill would be conducted at last annually and fire alarm maintenance checks would be done weekly. We observed fire extinguishers to have been serviced in May 2016 and staff had attended fire safety training in July 2016.
- 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 and IPC. A legionella risk assessment had been completed in 2012, there was no evidence this had been reviewed. However, the practice had a system in place for flushing outlets and the GP confirmed following the inspection that no changes to the facilities had been completed since the last assessment had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents although there were shortfalls in the training staff had received.

- There was an instant messaging system in all the consultation and treatment rooms which alerted staff to any emergency.
- There was no record of basic life support training for staff, although some of the staff we spoke with told us they had received training. The practice manager provided an update following the inspection of the basic life support training staff had received. However, there were gaps identified for both clinical and non clinical staff. The practice manager confirmed training had been arranged for 15 December 2016.

Requires improvement

Are services safe?

- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A basic first aid kit was available. Staff told us this had recently been reviewed and supplies ordered.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the staff notice board.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to practice specific policies and guidelines from NICE on the practice intranet system and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion at regular practice clinical meetings.

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 97.8% of the total number of points available, with 13.6% exception reporting which is 3.8% above the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The GP told us exception rates were higher than the CCG average due to the demographics of the practice.

Data from 2015/16 showed:

- Performance for mental health related indicators was 3.6% above the CCG and 3% above the national averages. The GP told us due to the demographics of the practice they had a higher prevelance of patients with mental health conditions at 2.98% which is 2.08% higher thanthe CCG and national average.
- Performance for diabetes related indicators was 0.1% above the CCG and 1.4% above the national averages.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored. The practice had a comprehensive audit plan which included a plan of re-audits
- Findings were used by the practice to improve services. For example, an audit of patients with chronic heart disease was completed to ensure patients were receiving appropriate medication and monitoring.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, IPC, fire safety, 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 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 told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Some reception staff had received an appraisal within the last 12 months. The practice manager had identified some staff who had not received an appraisal for 18 months to two years. However, there was a planned schedule in place to complete these for staff who had been identified as overdue.

Good

Are services effective?

(for example, treatment is effective)

- Staff we spoke with told us they had received some training that included: fire safety awareness, chaperoning and basic life support. However, there was limited overview and monitoring of what training staff had received and when it was due.

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 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 health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The community physiotherapist hosted clinics at the practice for the benefit of patients.
- The diabetic specialist nurse hosted clinics at the practice to support staff and patients with complex diabetic needs.

The practice's uptake for the cervical screening programme was 80%, which was below the national average of 82%,with exception reporting of 28.6% which was above the England average of 6.3%. The GP told us this was due to the demographics of the practice population. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients would be offered the test opportunistically. The practice demonstrated how they encouraged uptake of the screening by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were below CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 93% and five year olds from 60% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with seven patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others for its satisfaction scores on consultations with GPs and 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%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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:

- 93% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language and the practice had employed its own Somali link worker to support patients from this community.
- 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. Information about support groups was also available on the practice website.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers (1.6% of the practice list). The practice provided signposting to carer's who required advice or emotional support.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified and worked with local charities to support patients. For example, the practice offered outreach clinics in the community to support patients who were homeless to access primary care.

- The practice offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability and those who required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the duty doctor telephone triage system.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and interpreter services available and the practice had employed its own Somali link worker to support and assist patients. The link worker would assist with interpretation in consultations and as an advocate for patients of the local Somali community. She would assist patients in reception when booking appointments and would interpret patient letters. The link worker was predominanently based at the Hanover branch site where there was a higher number of patients from this community.
- The practice participate in an outreach clinic at the salvation army hostel and at the Cathedral Archer Project drop in centre once a week. This enabled the GPs to encourage patients to engage in primary medical care, to promote better chronic disease management and health promotion, provide easy access and opportunistic screening to homeless patients. The practice also offered drop in clinics daily at both sites to support the homeless patients who were registered at the practice to access services. The practice had completed audits of homeless care in 2015 and again in 2016. Recent data from September 2016 confirmed the practice had a total of 1092 patients registered as homeless which is 16% of the practice list. The practice had recognised this was a mobile group so had audited the number of patients who had been seen at least once in the previous quarter which was 135. Of these patients it was identified that 50% had a history of substance misuse, 32% had a history of alcohol misuse and 39% had a history of mental health problems. The practice aimed to offer all newly registered homeless patients a new patient medical at point of registration.
- The GP told us the practice had worked with the Tuberculosis (TB) network in Sheffield to try to encourage, find and treat the latent TB in the homeless population. The practice had held a TB awareness session in conjunction with a 3rd sector community organisation.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice hosted a Health trainer to support patients .with health lifestyle options and hosted a healthy eating enthusiast from the Enhanced Public Health programme to sit in the waiting room during baby clinic to encourage young parents with healthy eating.

Access to the service

The practice was open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12 noon. The branch site at Hanover Medical Centre was open 8.30am to 6pm Monday to Friday with the exception of Tuesday and Thursday when the branch closed at 12 noon and Friday when the practice closed at 6.30pm. The GP Collaborative provided cover when the practice was closed on a Thursday afternoon. Morning and afternoon appointments were offered daily Monday to Friday with the exception of Thursday afternoon when there were no afternoon appointments. Urgent appointments were available for people that needed them at the daily drop in clinics held at both sites every morning. The duty doctor would telephone any patient whose problem was urgent after the drop in clinic had ended and arrange an appointment. The next routine GP appointment was seen to be in two weeks' time. The practice manager told us that the practice had recently reviewed, with the support of the

Good

Are services responsive to people's needs?

(for example, to feedback?)

PPG and from patient feedback the appointment system. Changes were due to be implemented in November to release more routine GP appointment slots for patients to book into.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Although information about the complaints process was not displayed, we saw that a leaflet was available behind the reception desk to help patients understand the complaints system. The practice manager told us a poster would be displayed to direct patients should they wish to complain.

We looked at two of the 15 complaints received in the last 12 months and found these had been handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the procedure for re-arranging or cancelling patient appointments on the day had been reviewed. A procedure had been agreed and staff training arranged.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The partners had reviewed the demographics of its patient population and had a clear understanding of some of the complex needs of their patients. The partners told us they had collated data which showed 17% of the practice list size did not have English as a first language and 16% were registered as homeless.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There were shortfalls in the overarching governance framework which supported the delivery of the strategy and good quality care. There was a lack of monitoring and oversight of safety processes and training.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff on the intranet system.
- A comprehensive understanding of the clinical performance of the practice was maintained and there was a programme of continuous clinical audit which was used to monitor quality and to make improvements to clinical care. However, there was no clear overview of safety systems and a lack of monitoring processes. For example, there were shortfalls in recruitment checks of clinical staff, one practice nurse who was employed since the practice registered with CQC had not received a DBS check and no record of references seen for another clinical staff member recruited since the practice registered with CQC. There was no overview of staff training to monitor what training staff had received or when it was due and there were some gaps with regard to reception staff not having a record of safeguarding training and two clinical staff not having a record of basic life support training.The practice manager provided evidence that training had been arranged for all staff to receive safeguarding training on 5 December 2016 and basic life support training on 13 December 2016. Just prior to the inspection the practice manager had developed a matrix to commence logging staff training.
- There was no oversight of registration with the clinical professional bodies for GPs and nurses to ensure registration did not lapse and there was no oversight or monitoring of what medical indemnity cover was in place for the practice nurses.The practice manager told us during the inspection that this would be included on the new training matrix to monitor these moving forward.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were shortfalls with regard processes to action and monitor safety alerts, fire safety checks did not follow the practice's own Fire Safety Policy, there were irregular checks of the fire alarm system and no record fire drills had taken place. Safety risk assessments such as fire and legionella had not been reviewed for some years, there was no evidence of deep cleaning of carpets in consulting rooms and there was no overview or monitoring of cleaning.

Leadership and culture

On the day of inspection the partners told us they prioritised high quality clinical and compassionate care to a difficult population group. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

Are services well-led?

Requires improvement

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

- The practice kept written records of verbal interactions as well as written correspondence.
- There was a leadership structure in place and staff told us they felt supported by management. The GP told us there had been recent changes in the management team and subsequent shortfalls in governance had been identified, for example, oversight of DBS checks for the practice nurses. The GP told us following the inspection that the practice were in the process of applying for DBS checks for new staff members. We were told staff had recently been appointed to support the practice manager with the day to day running of the practice to commence in November 2016 and to address some of these shortfalls.
- Staff told us the practice held regular team meetings. The practice had comprehensive minutes of clinical meetings which could be accessed on the intranet system. However, there were no documented notes taken of administration 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 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 practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had suggested staff should wear name badges and give their names when answering the phone which the practice had implemented. They had also offered input when the practice was reviewing the appointment system.
- The practice had gathered feedback from patients who were homeless by carrying out a survey in October 2015 to ascertain patient's perception of what good health they had received and what could be improved to assist the practice in developing and improving the service offered to this population group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for GPs and nurses and was looking to commence training physician associates in the near future.

The GPs told us they attended the Northern Hub of the Faculty of Homeless and Inclusion Team and National Annual Conference to try to improve their work with the homeless in line with the standards for commissioners of homeless and inclusion. The GPs had also attended the Sheffield 'Deep End' group meetings to build relationships with other practices who have similar patient demographics.

The GP told us the practice had been accepted as a site for the National HEARTH study for different models of homeless care which was to begin Spring 2017. The practice were using the patient survey it had carried out on homeless patients to develop services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because: • They had failed to identify the risks associated and the risks posed by not ensuring staff were appropriately qualified and recruited. Two practice nurses had not received a Disclosure and Barring Service check (DBS). One of the practice nurses had been appointed following the practice's registration with CQC. There were no records of references obtained for an advanced nurse practitioner who was recruited following the practice's registration with CQC. • There was no monitoring of clinical staffs' registration with the professional bodies and no overview of what medical indemnity arrangements were in place for practice nurses. • There was no clear process of how Safety Alerts were actioned and monitored. • There were no cleaning schedules to monitor the cleaning of the premises and there was no record of carpet deep cleaning of consulting rooms since 2013. • The fire risk assessment had not been reviewed since 2014. Fire maintenance checks were irregular and there was no evidence of fire drills. The practice did not follow its own Fire Safety Policy • There was insufficient evidence to confirm that some reception staff had received safeguarding training as outlined in the intercollegiate document.

This section is primarily information for the provider

Requirement notices

- The practice could not evidence all staff had received basic life support training including members of clinical staff as outlined in resuscitation council (UK) guidelines.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because: There were gaps in the systems to identify, govern and assess risks to the health and safety of service users. For example, fire risk assessment and legionella risk assessments had not been reviewed for some years to check the mitigating actions addressed the risks identified and there were gaps in fire safety maintenance checks and drills. There was no oversight or monitoring of staff training, registration with the professional body or knowledge of medical indemnity cover for the practice nurses. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.