

Owlthorpe Medical Centre

Quality Report

Moorthorpe Bank

Sheffield

S20 6PD

Tel: 0114 2633500

Website: www.owlthorpesurgery.nhs.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

Good



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?

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 Owlthorpe Medical Centre on 6 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and mostly well managed although there were some shortfalls with regard to medicines management, fire safety and monitoring of emergency equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff 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 one area of outstanding practice:

- The practice had arranged, in conjunction with the local authority, a door to door bus service for patients who were unable to easily access the practice. The practice had implemented this as it

Summary of findings

recognised there was no public transport facilities that passed by the practice and patients who did not have their own transport and were less mobile may struggle to access services.

The areas where the provider must make improvement are:

- Ensure systems for controlling and recording the movement of blank prescriptions and prescription pads within the practice are in line with the NHS Protect Safety of Prescription Forms Guidance.

The areas where the provider should make improvement are:

- Patient Group Directives (PGD's) should be signed by the authorising representative of the practice.

- Carry out annual fire drills as identified as an action in their own fire risk assessment.
- Review the risk assessment completed for non clinical staff who perform chaperone duties to ensure the risks and mitigating actions are clearly identified.
- Implement a system to regularly check the oxygen cylinder and the battery and pads of the defibrillator to ensure the equipment was in good working order inbetween the annual service.
- Consider formalising the clinical and staff meetings so there is a clear record of items discussed and decisions made.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed although there were some areas which required improvement. For example, the practice had not carried out any fire drills as identified on their own fire risk assessment as an action. The practice did not have a system in place to monitor or track the movement of blank prescriptions. Patient group directives (PGD's) had been signed by the practice nurse but not by the authorising representative of the practice and the risk assessment completed for non clinical staff who chaperoned did not identify the risks or the mitigating actions.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 arranged, in conjunction with the local authority, a door to door bus service for patients who were unable to easily access the practice. The practice had implemented this as it recognised there was no public transport facilities that passed by the practice and patients who did not have their own transport and were less mobile may struggle to access services.
- 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 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 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. The practice had reviewed the needs of the practice population following a rapid increase of approximately 700 patients since March 2016 and had made adjustments accordingly.

Good



Summary of findings

- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice held regular informal meetings. However, there was no documentation made of these to record what had been discussed or agreed.
- 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 risks although there were some shortfalls noted with regards to medicines management, fire safety and recruitment checks for non clinical staff who performed chaperone duties.
- The registered provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was 80%, 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 long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Staff 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 90% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice held six weekly safeguarding meetings with health visitors and midwives at the practice.

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 early morning appointments two days a week and one evening a week at the practice and weekend and evening appointments at a local practice through the Sheffield satellite clinical scheme.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice arranged, in conjunction with the local authority, a door to door bus service for patients who were unable to easily access the practice. The practice had implemented this as it recognised there was no public transport facilities that passed by the practice and patients who did not have their own transport and were less mobile may struggle to access services.
- The practice offered longer appointments for patients with a learning disability and most staff had received training in learning disability awareness.
- The practice regularly worked with other health care professionals in the case management of patients who may be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- 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 with dementia).

- Of those patients diagnosed with dementia, 100% had received a face to face review of their care in the last 12 months, which is higher than the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 GP told us the practice would facilitate attendance by using the first appointment slot of the clinic for patients who found it difficult to attend the practice.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Good



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 similarly to the survey completed in January 2016 and above local and national averages. There were 229 survey forms distributed and 117 forms returned. This represented 3% of the practice's patient list.

- 86% 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%.
- 90% 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 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 84% 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 40 CQC comment cards which were all very positive about the standard of care received. Patients commented staff were very helpful, friendly and they were treated with dignity, care and respect. There were five comments made about difficulty accessing a routine appointment.

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

Owlthorpe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Owlthorpe Medical Centre

Owlthorpe Medical Centre is located in a purpose built health centre in Owlthorpe and accepts patients from the surrounding area. Public Health England data shows the practice population has a higher than average number of patients aged over 50 years of age 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 eighth least deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 4119 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Owlthorpe Medical Centre has two female GP partners and a female salaried GP, a practice nurse, two healthcare assistants, an healthcare assistant apprentice, a practice manager and an experienced team of reception and administration staff. One of the practice nurse's had recently retired and a new practice nurse had been appointed to start in October.

The practice is open 8am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 4pm. The GP Collaborative provides cover when the practice is

closed on a Thursday afternoon. Extended hours are offered on a Tuesday and Wednesday morning 7.30am to 8am and Wednesday evening 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 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 the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The GP told us application forms had recently been submitted to CQC to amend this. We also noted the regulated activities the practice were undertaking did not reflect the registration. Following the inspection the practice manager confirmed an application form would be submitted immediately to CQC to register to provide the regulated activity not registered.

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 6 September 2016. During our visit we:

- Spoke with a range of staff (GPs, healthcare assistants, three reception staff and the practice manager) and spoke with five patients who used the service.
- Observed interactions with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 40 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a 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 an analysis of the significant events.

We reviewed safety records, incident reports 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, following an incident when the medical fridge malfunctioned, a system was implemented which electronically recorded the fridge temperature regularly and a lead member of staff was appointed to monitor the fridge stock. By implementing this system the practice was able to manage a subsequent power failure event successfully.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and clinical staff 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). However, the two reception staff (who had been employed before the practice registered with CQC) who performed chaperone duties did not have a DBS check completed. We reviewed a risk assessment the practice manager showed us as to why reception staff did not require a DBS check. This did not include the risks identified or the mitigating actions.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. The practice manager told us this role would be shared with the new practice nurse. 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal) although some shortfalls were noted. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice also carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there was no system in place to track or monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We observed these to have been signed by the nurse but not by the authorising representative of the practice. The practice

Are services safe?

had a system for production of Patient Specific Directions to enable healthcare assistants (HCA's) to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for staff recruited after the practice registered with CQC. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.

Monitoring risks to patients

Health and safety risks to patients were assessed and mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the local health and safety representative. The practice had up to date fire risk assessments and carried out weekly checks of the fire alarm system. However, the practice had not undertaken regular fire drills. Their own risk assessment had identified that this would be done every 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic button system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw records to confirm these were serviced annually. However, there was no system to regularly check the oxygen cylinder and the battery and pads of the defibrillator to ensure the equipment was in good working order inbetween the annual service. It was noted at the inspection that these items were in date and in good working order.
- A first aid kit and accident book were available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.6% of the total number of points available, with 3.9% exception reporting which is 5.4% lower than the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for mental health related indicators was 6% above the CCG and 7% above the national averages.
- Performance for diabetes related indicators was 0.1% above the CCG and 1% above the national averages.

The practice had been identified as prescribing a high number of antibacterial medications compared to the CCG average in 2014/15. The GP told us the practice had developed an action plan with their CCG pharmacist and we saw evidence on an audit of a reduction in antibacterial prescribing in 2015/16. We also observed the practice's own prescribing report for 2015/16 which showed there had been an improvement in the prescribing of non steroidal anti-inflammatory medications from 2014/15.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients taking medication for rheumatoid arthritis was completed to ensure patients were receiving the appropriate blood monitoring tests at correct intervals.
- 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, 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 taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines received annual training with the exception of one healthcare assistant (HCA) who had not attended training for two years. The practice manager confirmed the practice had monitored that the HCA was working to the national minimum standard protection agency guidelines and the HCA was on the waiting list for the next training update session. Staff could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and review of local patient group directives (PGD's).
- The learning needs of staff were identified through a system of appraisals, informal meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, informal meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice utilised the e-referral system when referring patients to secondary care. Meetings took place with other health care professionals on a six weekly 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.
- Patients requiring advice on their diet could be seen by the healthcare assistant at the practice for weight management. The healthcare assistant offered appointments at a smoking cessation clinic at the practice. The practice had identified that 933 patients (23% of the patient list size) had received smoking advice in the previous 12 months. Patients who required advice on alcohol cessation were signposted to the relevant service.
- The practice offered a self monitoring BP machine in a side room that patients were encouraged to use. Patients would hand the results to the receptionist who had a flowchart to follow to determine what action was required, for example, a GP appointment. The practice manager told us this had reduced the number of patients requiring an appointment for a routine blood pressure check, improving the waiting time for a healthcare assistant appointment.

The practice's uptake for the cervical screening programme was 90%, which was above the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer by sending out reminder letters to patients who had not completed the bowel screening programme. The practice had a higher than national average uptake for all the national screening programmes. 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 higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 93% to 100%.

Are services effective?

(for example, treatment is effective)

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

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

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

All of the 40 patient CQC comment cards we received were positive about the care received with five comments made about difficulty accessing a routine appointment particularly on line. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including a member of the virtual patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey completed in July 2016 showed patients felt they were treated with compassion, dignity and respect. The data was comparable to the GP Survey data from January 2016. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 98% 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%.

- 94% 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%.
- 96% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% 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%.
- 87% 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%.
- 94% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1.3% of the practice list). The practice had information leaflets for carers.

Staff told us that if families had experienced bereavement, their usual GP would send them a personal letter and offer advice on how to find a support service if required.

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 to review the effectiveness of their inhaler treatments.

- The practice offered appointments to patients who could not attend during normal opening hours on Tuesday and Wednesday morning 7.30am to 8am and on a Tuesday evening until 7pm. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area through the Prime Minister's Challenge Fund.
- There were longer appointments available for patients with a learning disability.
- 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 under five years and those patients with medical problems that require same day consultation through the GP telephone triage system.
- The practice arranged, in conjunction with the local authority, a door to door bus service for patients who were unable to easily access the practice. The practice had implemented this as it recognised there was no public transport facilities that passed by the practice and patients who did not have their own transport and were less mobile may struggle to get in. The practice manager told us this had been well received by patients and was well utilised.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- 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 had a lift installed although consulting rooms were on the ground floor level. There was an automatic entrance door to aid access. There was a hearing loop and disabled facilities.

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 4pm. Extended hours appointments were offered on a Tuesday and Wednesday morning 7.30am to 8am and on a Wednesday evening until 7pm. In addition to pre-bookable appointments that could be booked up to six 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 mostly above local and national averages.

- 86% 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%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 90% 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%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. All of the 40 patient CQC comment cards we received were positive about the care received with five comments made about difficulty accessing a routine appointment particularly when using the on line booking system. The practice manager told us this had been reviewed by the practice following feed back through the national friends and family survey. The practice had recently increased the number of appointments available for patients to book online in response to comments. The GP told us the practice offered same day GP telephone triage for urgent problems and we observed the next routine GP appointment to be in three days' time.

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information leaflets were available in the reception to help patients understand the complaints system.
- We looked at three 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 vision to deliver high quality care and promote good outcomes for patients. The practice manager told us that due to changes at a local practice they had received a rapid increase of approximately 700 new patients since March 2016. The practice had reviewed the needs of the practice population and had made adjustments accordingly by advertising to recruit a salaried GP. They also planned to develop the nursing team by supporting one of the healthcare assistant's through the nurse degree course and employing a healthcare assistant apprentice. We observed the impact of the changes for patients had been minimised and the results of the national patient survey in July 2016 were consistent with the results from January 2016.

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

Governance arrangements

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

- There was a staffing structure in place and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. However, we noted the regulated activities the practice were undertaking did not reflect the regulated activities the practice was registered with CQC for.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing some mitigating actions. Although there were some shortfalls noted. There was no system in place to monitor or track blank prescriptions and prescription pads within the practice. The practice had not carried out any fire drills

as identified in their own fire risk assessment as an action to be done annually. The risk assessment seen for the reception staff who performed chaperone duties did not identify the risks or the mitigating actions.

Patient group directives (PGD's) had not been signed by the authorising representative of the practice and there were no regular checks of the emergency equipment carried out inbetween annual inspection.

Leadership and culture

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

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

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

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

- Staff told us the practice did not hold regular team meetings. However, the practice manager told us she kept staff informed of any updates or changes by sending a task through the clinical computer system which was saved for reference. The GPs met daily on an informal basis to discuss any issues. There was no records or documentation kept of these meetings.
- Staff told us there was an open culture within the practice, they felt part of a team and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG would submit proposals for improvements to the practice management team. For example, a new calling system had been implemented in the waiting room as patients had found it difficult at times to hear when their name was called over the tannoy.
- The practice gathered feedback from patients through the national friends and family test. The practice actively invited patients to complete the test and had pictorial label codes situated throughout the practice for

patients to scan with their mobile telephone as well as written forms to encourage patient feedback through the test. The practice manager told us the practice had increased the number of appointments available to book on line as a result of patient feedback.

- The practice had gathered feedback from staff through annual appraisal and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice were supporting one of the healthcare assistants through nurse training and the practice nurse had commenced the mentorship course for the practice to become a nurse training hub site.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. This was because; • The practice did not have a system for tracking the movement of blank prescriptions and prescription pads within the practice to monitor their use. I This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.