

Ecclesfield Group Practice

Quality Report

96a Mill Road

Sheffield

S35 9XQ

Tel: 0114 2469030

Website: www.ecclesfieldgp.co.uk

Date of inspection visit: 19 January 2016

Date of publication: 10/03/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Ecclesfield Group Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ecclesfield Group Practice and the branch site named Margetson Surgery on 19 January 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 an effective system in place for reporting, recording and learning from significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an urgent appointment through the telephone triage system with appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had developed a social media website page to communicate and promote its services to patients.

The areas where the provider should make improvement are:

- The practice should ensure flooring in clinical areas where treatments are carried out is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed and we observed the premises at both sites to be clean and tidy with appropriate facilities with the exception of the flooring in one nurse room at the branch site.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff maintain patient and information confidentiality and treat patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice encouraged patients to complete surveys and the practice manager would respond to individual comments received. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the triage appointment system was introduced at the suggestion of the PPG.
- The practice had developed a social media website page to communicate with patients and promote its services.
- Patients said they found it easy to make an urgent appointment through the telephone triage system and were able to make a routine appointment in two weeks.
- The practice offered a range of online services. For example, to book appointments and order repeat prescriptions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels and the practice was pro-active in piloting local schemes. For example, the practice had piloted the ICE system (an electronic system for requesting and reporting pathology tests) which was being rolled out to other practices in Sheffield.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided enhanced care to patients who resided in two local care homes. This included a weekly GP session at the home.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 82%, higher than the national average of 73%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice offered patients with multiple long term conditions one extended appointment during which all their conditions would be reviewed.
- 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 nurses.
- The practice facilitated a community COPD clinic run by the specialist nurses at the branch site for patients of the practice and surrounding area. They also hosted a health care trainer who supported patients with health promotion.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Data showed 77% of patients diagnosed with asthma had received an asthma review in the previous 12 months compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed 97% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had developed a social media website page to communicate and promote services to patients.
- There was a notice board in the reception area dedicated to children and young people which included health promotion information and relevant sign posting to services, for example, information on the Sheffield breast feeding service and we saw notices in the patient toilets on how to access help and advice on sensitive issues, for example, domestic abuse.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered evening and weekend appointments at the practice and also through the Sheffield satellite clinic scheme at a local practice.
- The practice offered appointments with an occupational health adviser and was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



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

People experiencing poor mental health (including people with dementia)

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

Good



- Of those patients diagnosed with dementia, 87% had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice also hosted Improving Access to Psychological Therapies programme (IAPT) and held regular meetings with the IAPT team to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 261 survey forms distributed and 119 were returned. This is a response rate of 45.6%. Examples of responses included:

- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 CQC comment cards which were all very positive about the standard of care received. We also spoke with 11 patients during the inspection and a member of the PPG who said they were happy with the care they received and thought staff were approachable, committed and caring.

Ecclesfield Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Ecclesfield Group Practice

Ecclesfield Group Practice is located in Ecclesfield, Sheffield and accepts patients from Ecclesfield, Parson Cross and Chapeltown. The practice has a branch site at Parson Cross named Margetson Surgery. Patients can access appointments at both practices. The practice also participates in the Extending Choice directed enhanced service and has 140 patients registered at the practice who live outside of the catchment area. The practice catchment area is classed as within the group of the fourth most deprived areas in England.

The practice provides General Medical Services (GMS) under a contract with NHS England for 7712 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. They also offer a range of enhanced services such as INR Warfarin monitoring, joint injections, reversible contraceptive implantation and childhood vaccination and immunisations. The practice also provided a 24 hour ECG service and carpal tunnel injections to registered patients and to patients of other practices in the locality.

Ecclesfield Group Practice has six GP partners (four female, two male), one female salaried GP, two female nurse practitioners, three female practice nurses, one female healthcare assistant (HCA) and one female phlebotomist.

These are supported by a business manager, practice manager and an experienced team of reception and administration staff. The practice is a training practice for medical students.

The main practice is open between 8.30am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm and Friday when the practice closes at 6pm. GP appointments are offered between 8.45am and 11.45am and 3.15pm and 5.45pm Monday to Friday and clinical appointments are available with the nursing staff throughout the day when the practice is open. The practice operates a same day appointment system for urgent problems through a GP/nurse telephone call back triage system. Extended hours are offered on Wednesday evenings between 6.30pm and 7.30pm and Saturday mornings 8.45am to 11am.

The branch practice is open 8.30am to 5pm Monday, Wednesday and Friday and 8.30am to 1pm Tuesday and Thursdays.

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 - 8.30am and 6.00pm - 6.30pm. Patients are informed of this when they telephone the practice number. The practice and the branch site have a shared telephone system.

The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England, Sheffield Healthwatch and the CCG to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff (five GPs, two practice nurses, healthcare assistant, business manager, practice manager, three administrators, three receptionists) and spoke with 11 patients who used the service and a member of the PPG.
- Observed communication and interaction between staff and patients both face to face and on the telephone in the office area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 20 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.
- Visited the branch site.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident book available in the reception area.
- The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event analysis the recall system for blood test monitoring had been reviewed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead clinician for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether

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

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises at both sites to be clean and tidy. The branch site had undergone some recent refurbishment to replace flooring in clinical areas and install a wider entrance door to aide access. We saw one nurse room had carpet on the floor where nurse treatments were carried out. The practice manager said this was on the schedule of refurbishment to be replaced by March 2016. Following the visit the practice manager told us the room would be used for clinical assessments and treatments would now be performed in the treatment room where there was appropriate wipeable flooring. There was a programme of deep cleaning of carpets and appropriate spillage kits in place. Staff were aware of their location and how to use the kits.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention 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. Clinical waste was stored in a contained area outside the building awaiting collection, however, we noted the gate to the area was not locked. The business manager told us this normally had a padlock on and would ensure this was replaced immediately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was part of the Joint Community Pharmacy and GP pilot scheme to promote and develop joint working between GP practices and pharmacies to improve patient care and safety. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines. They had received

Are services safe?

mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We reviewed four recruitment files and found appropriate checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available at both sites.
- The practice had a defibrillator and oxygen with adult and children's masks available at both sites and a first aid kit and accident book available at both sites.
- Emergency medicines were easily accessible to staff in a secure area of the practice and the branch site and all staff knew of their locations. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored 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 98% of the total number of points available, with 7.5% exception reporting which was 1.8% lower than the CCG average and 1.7% lower than the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 0.3% above the CCG and 1.5% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2.2% above the national averages.
- Performance for mental health related indicators was 5.7% above CCG and 7.2% above national averages.

Clinical audits demonstrated quality improvement.

- There had been nine completed clinical audits carried out in the past year where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, a recall system for patients with osteoporosis requiring repeat scans had been implemented.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, external and in-house clinical supervision for nursing staff and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice utilised the e-referral system when referring patients to secondary care and had access to the Press Portal, an online system which included guidelines on local referral pathways and referral forms.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, the practice held a stop smoking clinic at the practice on a Friday afternoon. They hosted a chiropody clinic for diabetic patients and physiotherapy appointments were available at both the main site and branch site for patients recovering from an operation or injury. Patients requiring advice on their diet and alcohol cessation were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 97%, which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.2% to 98% and five year olds from 96.3% to 100%.

Flu vaccination rates for the over 65s were 82%, and at risk groups 67%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included annual health checks for patients aged over 75 years and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff 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 area to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients, including a member of the 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.

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

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, local healthy living workshop information.

The computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP may contact them or send them a letter of

Are services caring?

condolence. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments to patients who could not attend during normal opening hours on a Wednesday evening and Saturday morning at the practice or at one of the four satellite clinics in Sheffield.
- Home visits were available for older patients/patients who would benefit from these. The practice also participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- There were longer appointments available for patients with a learning disability.
- The practice had a triage system for patients who required an urgent same day appointment. The next routine appointment was seen to be in two weeks.
- The practice offered a range of on-line services. For example, to book appointments and to order repeat prescriptions.
- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre in Sheffield if the vaccine was required.
- The practice had developed a link on a social media website for the practice to promote services and provide patients with up to date information.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The main practice was open between 8.30am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm and Friday when the practice closed at 6pm. Appointments were offered between 8.45am and 11.45am and 3.15pm and 5.45pm. The branch practice was open 8.30am to 5pm Monday, Wednesday and Friday and 8.30am to 1pm Tuesday and Thursdays. Extended hours were offered on Wednesday evenings between 6.30pm and 7.30pm and Saturday mornings 8.45am to 11am. In addition to pre-bookable appointments

that could be booked up to six weeks in advance, the practice operated a sameday appointment system for urgent problems through a GP/nurse telephone triage system.

When the practice was closed between 6.30pm and 8am patients were directed to contact the NHS 111 service. The Sheffield GP Collaborative provided cover when the practice was closed between 8am - 8.30am and 6.00pm - 6.30pm. Patients were informed of this when they telephoned the practice number.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 74%.
- 61% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

The practice manager told us they were auditing call volume and reviewing telephone access with the PPG.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw appointments were available the same day for urgent requests that had been triaged by the GP. The next routine appointment with a GP was in two weeks.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system displayed prominently in the waiting room.
- We saw that the practice manager responded to individual comments received from patient surveys.

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

We looked at 12 complaints received in the last 12 months and found they had been dealt with appropriately,

identifying actions, the outcomes and any learning. For example, the procedure for checking telephone numbers when taking requests for a triage call back had been reviewed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values. These were regularly monitored and included a plan to develop and expand the premises to increase capacity to meet the needs of the practice population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

safety incidents. When there were unexpected or unintended safety incidents: The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted the team had held an away day in the previous year where practice learning initiatives had been discussed with the full team.
- 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. There was an active PPG which met regularly and who submitted proposals for improvements to the practice management team. For example, the curb had been lowered at the branch site to enable better access for disabled patients from the car park to the entrance door.
- The practice had gathered feedback from staff through staff away days and generally 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

Are services well-led?

Good 

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

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