

Dr Ghanshyam Patel

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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 Dr Ghanshyam Patel on 13 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always adequately assessed and well managed particularly in relation to environmental health and safety matters and recruitment.
- 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 clear leadership structure and staff felt supported by management. The practice 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.

The areas where the provider must make improvement are:

- Implement the practice recruitment policy and procedure consistently in respect of obtaining references and confirming the identity of staff.

Summary of findings

- Improve the management of health and safety. Complete an environmental risk assessment and implement actions to mitigate any risks identified. Update the legionella risk assessment. Carry out regular fire drills.

The areas where the provider should make improvement are:

- Maintain records of the action taken in response to medical safety alerts.
- Date and sign sharps boxes when put into use.
- Maintain records of induction.

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.

- 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 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 systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were not always assessed and well managed particularly in relation to environmental health and safety matters and recruitment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 although some areas related to environmental risk assessment required improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The provider 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.
- The practice sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



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.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 95%, 4% better than the CCG average and 5% better than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's cervical screening uptake for women outside of this category was 83% which was 2% above national average and 5% below CCG average. The practice demonstrated how they encouraged uptake of the screening programme. There was a policy to offer telephone reminders for patients who did

Good



Summary of findings

not attend for their cervical screening test. They also told us some of their patient population did not always engage with the cervical screening programme and they had worked with patients to try to improve knowledge in this area.

- 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is 17% better than the CCG average and 15% better than the national average.
- Data showed the practice was performing above CCG and national average in most areas except mental health in which they scored 81%, which is 12% below CCG and national average. All but one of the indicator results for mental health were 100%. However, the practice had scored 0% for the indicator “The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years”. This impacted on the overall achievement figures for mental health. The practice had not had a nurse for some time during the data collection period which had impacted on the figures relating to cervical screening. However, they had recruited a nurse and were monitoring performance closely. Some of the patient population did not always engage with the cervical screening programme and they had worked with patients to improve knowledge in this area.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was above local and national averages in most areas. 320 survey forms were distributed and 101 were returned. This represented 7% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients told us they received an excellent service and made positive comments about the ease of accessing the service and the caring and supportive attitude of staff.

We spoke with three patients during the inspection. All the patients were positive about the care they received and thought staff were approachable, committed and caring. They told us they could access the practice easily.

Results from the national friends and family test showed 100% of patients said they would recommend the practice.

Dr Ghanshyam Patel

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Ghanshyam Patel

Dr Ghanshyam Patel (also known as Veritas Health Centre) is situated in Sheffield. Car parking is available on the road outside the practice.

The practice provides General Medical Services (GMS) for 1,400 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia.

They have a higher than average male population aged over 30 years and lower than average female population aged 14 years to 60 years. The practice is situated in one of the fifth less deprived areas nationally.

The practice was previously inspected in November 2013. We found the practice to be non-complaint as it did not have an appropriate standard of cleanliness and hygiene, the practice had not operated effective recruitment procedures and the system in place to monitor the expiration of drugs was not effective. The practice was inspected again in June 2014 and was found to have made improvements in all these areas.

Dr Patel is supported by a female locum GP, a practice nurse, practice manager and a small reception team.

The practice is open 8am to 1pm and 4pm to 6pm Monday to Friday, except Thursday, when it is closed in the afternoon. Appointments are available 9am to 11am and 4.20pm to 6pm daily, except when it is closed on a Thursday afternoon.

The GP is also available between 11am and 11.30am and between 5pm and 6pm Monday to Friday, except Thursday afternoon, for telephone consultations. The nurse is also available for telephone consultations between 10.30am and 11.30am, and 5pm and 6pm on Monday, Tuesday, Wednesday and Friday.

When the practice is closed GP services are provided by the Sheffield GP collaborative and out of hours services are provided by NHS 111 service. The practice directs the caller to the appropriate service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (two GPs, practice nurse, practice manager, reception staff) and spoke with patients who used the service.
- Observed interactions between patients and staff and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 a recording form available on the practice's computer system. The incident recording form 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 and discussed outcomes and shared learning in meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Copies of safety alerts were made available to all staff and staff signed these when they had read them although a record of any action taken in response to the alerts was not maintained. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a concern about a patient's palliative care the practice had identified communication had not been effective due to the different electronic systems used by the practice and the community nursing team. They had shared this information with the community team and clinical commissioning group (CCG) and with other local services where the same issue may occur.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable 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 member of staff 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. Staff were kept informed of any safeguarding concerns relating to patients and all staff felt involved and understood their role in monitoring patients at risk. We were informed the GPs were trained to child safeguarding level 3 and there was evidence, such as training certificates, to support this.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we saw sharps boxes had not always been dated and signed when put into use although the nurse understood this had to be completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found the practice recruitment policy and procedure had not been implemented consistently and all required checks had not been obtained prior to employment. For example, proof of identification and references, had not been obtained for all staff. The appropriate checks through the Disclosure and Barring Service had been obtained where relevant.

Monitoring risks to patients

Not all 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out fire drills. The majority of staff had completed fire safety training and could access this training as eLearning. Electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly.
- There was no environmental risk assessment. The practice manager completed weekly health and safety checks of the building and maintained records of these. However, we observed the practice had a cellar which was accessed off the reception area. We identified risks related to this area, for example, the door to the cellar would not lock, there was no warning notice regarding steep stairs immediately behind the door and old oxygen cylinders were stored with potentially flammable items and close to gas and electric meters. The practice manager addressed this immediately on the day of the inspection and provided photographs and videos to evidence this.
- A legionella risk assessment had last been completed in 2013. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The action plan indicated ongoing water temperature checks were required but these were not being done. The practice manager advised us this was because the

practice had undergone a refurbishment and said the builder had informed them checks were not required due to the new systems in place. The risk assessment had not been updated in respect of the new systems.

- 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. The practice used a female locum GP once a week and for cover for holidays. As part of an improvement programme the practice had implemented they had completed an assessment of staff skills and were working towards a more multi-skilled staff group. This was to ensure staff were able to cover each other's roles more effectively.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had recently purchased a defibrillator and oxygen had been ordered. Training in the use of the equipment was scheduled. The equipment had been obtained following suggestion by the locum GP. The practice had not previously felt this was required due to the close vicinity of the hospital and ambulance response times.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. They were checked weekly by the practice nurse and records were maintained and each medicine was clearly marked with an expiry date.
- 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. New guidance discussions had recently been introduced at practice meetings on the suggestion of the locum GP.
- 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 94% the total number of points available with, below average, 7% exception reporting. (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 2015/16 showed:

- Performance for diabetes related indicators was 95%, 4% better than the CCG average and 5% better than the national average.
- QOF data showed the practice was performing above CCG and national average in most areas except mental health in which they scored 81%, which is 12% below the CCG and national averages. All, but one, indicator results for mental health were 100%, with 0% exception reporting. However, the practice had scored 0% for the indicator "The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other

psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years". This impacted on the overall achievement figures for mental health. We discussed this with the provider they told us they had not had a nurse for some time during this QOF period which had impacted on the figures relating to cervical screening. However, they had recruited a nurse and were monitoring performance closely. They also told us some of their patient population did not always engage with the cervical screening programme and they had worked with patients to improve knowledge in this area. The practice's overall cervical screening uptake for women outside of this category was 83% which was 2% above national average and 5% below CCG average.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years although none of these were completed audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve care for patients and improve clinical practice. For example, a recent audit included a review of patients prescribed new anti-coagulant medicines (a blood thinning medicine) and resulted in changes to some patient's medicines. The practice nurse told us they had also been involved in audits. They told us they had completed a review of patients over use of an inhaler which had resulted in identification of complex health needs for one patient who was referred to secondary care.

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 although records of induction were not maintained. Topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were available on the practice eLearning programme.
- 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.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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, external and in-house training. All staff had an individual record of training but the practice did not have an overview to enable the practice manager to monitor training easily. The practice manager told us that, as part of an improvement programme the practice had implemented, they had identified this and were in the process of establishing a training overview.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The GP had completed additional learning following a complaint investigation from which he felt he required further knowledge in this area although no concerns relating to care had been found.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's overall cervical screening uptake for women outside of this category was 83% which was 2% above national average and 5% below CCG average. The practice demonstrated how they encouraged uptake of the screening programme. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They also told us some of their patient population did not always engage with the cervical screening programme and they had worked with patients to improve knowledge in this area. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, the majority of childhood immunisation rates for the vaccinations given to under two year olds was 100% compared to the CCG rates of between 85% and 95%. Rates for 5 year olds were 92% to 100% compared to the CCG 88% to 96%.

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

All of the 35 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.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% 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 the national average of 85%.
- 91% 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% national average of 91%.

- 98% 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 responses were varied to questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 79% 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 the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and some of the staff were multi-lingual. The practice web site could also be translated into different languages.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (1.2% of the practice list). 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, the GP contacted them and sent them a letter of 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 had been part of the Prime Ministers Challenge fund to provide improved access to GP services. The GP collaborative service provided seven day a week access to GP's, prioritising evenings and weekends at four sites across the city. The practice was also part of a neighbourhood scheme of 23 practices who were working closely with voluntary and local services to improve services for patients.

- 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 and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open 8am to 1pm and 4pm to 6pm Monday to Friday, except Thursday when it was closed in the afternoon. Appointments were available 9am to 11am and 4.20pm to 6pm except when it was closed on a Thursday afternoon.

The GP was also available between 11am and 11.30am and between 5pm and 6pm Monday to Friday, except Thursday evening, for telephone consultations. The nurse was also available for telephone consultations between 10.30am and 11.30am and 5pm and 6pm on Monday, Tuesday, Wednesday and Friday.

When the practice was closed GP services were provided by the Sheffield GP collaborative service and out of hours services were provided by NHS 111 service. The practice directs the caller to the appropriate service.

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 significantly higher than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We observed appointments were still available for patients to book into on the day of the inspection and an online appointment was available for the following day.

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.

Basic details of the home visit request were recorded and the GP prioritised the visits depending on clinical need. 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 that information was available to help patients understand the complaints system. A leaflet was provided and given to all new patients on registration.

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

The complaints procedure was displayed in the practice. Basic information about complaints and where to obtain a leaflet was available on the practice website which could be translated into different languages.

We looked at the one complaint received in the last 12 months and found this was satisfactorily handled with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken

as a result to improve the quality of care. For example, following a concern about a patient's palliative care the practice identified communication may not have been effective due to the different electronic systems used by the practice and the community nursing team. They had shared this information with the community team and clinical commissioning group (CCG) and with other local services where the same issue may occur.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice recognised the challenges relating to their practice and had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to move forward and meet the challenges. The programme helps general practices operate more efficiently by helping them to review the way they work so that they can identify ways of improving their working processes.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The staffing structure and staff skills had been reviewed as part of the improvement programme and staff were in the process of receiving additional training to ensure staff were multi-skilled.
- Practice specific policies were implemented and were available to all staff. The procedures were available electronically and in hard copy. These were well referenced regularly reviewed and up to date. However, the recruitment procedure had not been consistently implemented.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, health and safety risk assessments had not identified all environmental risks and the legionella risk assessment was not up to date.

Leadership and culture

The provider told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager 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). The provider 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the provider 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 surveys and complaints received. The practice did not have a patient participation group (PPG). The practice manager told us they had tried but there was a lack of engagement from the patients to join a PPG. We observed an invitation to form a PPG was advertised on the practice website.

Are services well-led?

Good 

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

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

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

area. The practice recognised the challenges relating to their practice and had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to move forward and meet the challenges. The staff told us they were involved and able to make suggestions for improvement which were then actioned. Staff told us how they had been involved in implementation of the text message service to try to reduce the numbers of missed appointments and in implementation of the electronic prescription service.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was because;</p> <ul style="list-style-type: none">• An environmental risk assessment had not been completed.• The legionella risk assessment had not been updated.• Fire drills had not been completed. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed.</p> <p>This was because;</p> <ul style="list-style-type: none">• The practice recruitment policy and procedure had not been consistently implemented to ensure all appropriate recruitment checks were completed prior to employment. The provider had not obtained satisfactory evidence staff were of good character as written references had not always been obtained prior to employment and proof of identity had not been obtained.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.