

Far Lane Medical Centre

Quality Report

1 Far Lane

Sheffield

S6 4FA

Tel: 0114 2347701

Website: www.farlanemedicalcentre.co.uk

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

Ratings

Overall rating for this service

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 Far Lane Medical Centre and the branch site at Trafalgar House Medical Centre on 10 March 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed with the exception of fire drills, medicines management and staff recruitment checks.
- 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 were happy with the care they received but found it difficult to get through to the practice by telephone to access an appointment.
- 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 registered provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure Patient Group Directives (PGDs) are signed by the authorising representative of the practice and by the health professional working under the direction to ensure safe management of medicines.
- Carry out regular fire drills at the main site and the branch site.
- Implement cleaning schedules for laundering of curtains and for daily cleaning of medical equipment used for patient care to record and monitor what cleaning had taken place.

Summary of findings

- Keep comprehensive recruitment files for all newly employed staff to include proof of identification, qualifications, references and registration with the professional body to ensure staff are of good character.
- Ensure there is a process in place to check the registration of clinical staff on the professional body registers on a regular basis and keep documentation of these checks.

The areas where the provider should make improvement are:

- The practice should follow safe recruitment procedures in line with national policy by completing a Disclosure and Barring Service (DBS) check for the nurse who was employed prior to the practice's registration with CQC.

- The practice should complete a risk assessment to assess the need to have a defibrillator on site to deal with medical emergencies.
- The practice should consider implementing a second thermometer or calibrating the thermometer on the medical fridges monthly as per Public Health England guidance on safe storage of vaccines to ensure temperature readings are accurate.
- The business continuity plan should be shared with staff and a hard copy made available to include contact details of utility suppliers and key staff members to support staff in an emergency.
- The practice should consider patient feedback regarding telephone access to the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, patient group directives authorising practice nurses to administer vaccinations were not signed, there had been no fire drills carried out at the practice or branch site. There was no evidence cleaning of medical equipment for patient care or laundering of curtains had been completed and when. Staff recruitment files did not include evidence appropriate checks had been made prior to employment to ensure staff were of good character and there was no system in place to regularly monitor whether clinical staff were on the professional body registers. The practice did not have a defibrillator at the main site to deal with emergencies and there was no evidence a risk assessment had been completed to consider how the practice kept patients safe in the event of an emergency without this equipment.

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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others in the locality for several aspects of care. However, 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were happy with the care they received but found it difficult to access the practice by telephone to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised although information on how to progress the complaint further was not included on the response letter we reviewed. However, we noted the complaints leaflet did include this information. Staff told us that complaints were discussed at team meetings if it was relevant to them and their area of work so that they could learn from them.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- 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 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 most risks. However, areas such as recruitment, medicines management, fire safety, care of medical equipment required improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who would benefit from them.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 76%, higher than the national average of 73%.

Good



People with long term conditions

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

- 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.
- Of those patients diagnosed with asthma 79% had received an annual review in the preceding 12 months, compared to the national average of 75%.
- 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.

- Staff told us that children and young people were treated in an age appropriate way and were recognised as individuals.
- Childhood immunisation rates were higher than national averages.
- Data showed 95% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Staff told us all children under the age of five were offered a same day appointment.

Good



Summary of findings

- 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 did not offer extended hours but offered evening and weekend appointments through the Sheffield satellite clinical scheme.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- 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 multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Of those patients diagnosed with dementia, 72% had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.

Good



Summary of findings

- Of those patients diagnosed with a mental health condition, 93% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing slightly lower than local and national averages in some areas. There were 236 survey forms distributed and 124 forms were returned. This represented 1.6% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone (national average 73%).
- 61% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 83% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

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

We spoke with seven patients during the inspection who said they experienced difficulties accessing the practice by telephone to make an appointment but were very happy with the care they received and thought staff were approachable, committed and caring.

Far Lane Medical Centre

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 and a practice manager specialist adviser.

Background to Far Lane Medical Centre

Far Lane Medical Centre and the branch site known as Trafalgar House Medical Centre is located in Hillsborough and accepts patients from the surrounding area. The practice catchment area has been identified as one of the fifth most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 7673 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Far Lane Medical Centre has three male GP partners, two female practice nurses, practice manager and an experienced team of reception and administration staff.

The main site and the branch site are open 8am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon. The GP collaborative provides cover when the practice is closed on a Thursday afternoon. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments. The practice does not provide extended hours but patients are able to access evening and weekend appointments at one of the Sheffield satellite clinics.

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 6pm and 6.30pm. Patients are informed of this when they telephone the practice number.

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

The practice was previously inspected by the Care Quality Commission (CQC) in 2013 and rated as compliant.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The practice manager told us an application had been submitted and it would be reviewed.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including Sheffield Healthwatch, Sheffield CCG and NHS England to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

- Spoke with a range of staff (three GPs, practice nurse, practice manager, four reception and administrative staff) and spoke with seven patients who used the service including one member of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed records relating to the management of the practice.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents.
- The practice carried out an analysis of the significant events which were discussed at the weekly clinical team meeting and were shared with staff at the full team meeting. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the process for accepting information from patients at reception was reviewed and amended to ensure it was passed onto the duty doctor to review.
- We were told by staff that national patient safety alerts were cascaded to the relevant persons by the practice manager who would action and report back and these would be discussed at the weekly clinical meeting.

When there were unintended or unexpected safety incidents the practice manager told us patients would receive reasonable support, truthful information, an apology and would be told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some 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.
- A notice in the waiting room advised patients that chaperones were available if required. The practice

nurses acted as chaperones and were trained for the role and the nurse employed since the practice registered with CQC 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). There was no evidence of a DBS check for the nurse who was employed before the practice registered with CQC.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse told us there was a schedule of cleaning of medical equipment for patient care. A monitoring record of this was not kept. The practice nurse confirmed a recording log would be implemented immediately. There was no evidence of a recording schedule for the laundering of curtains. The practice manager confirmed these were laundered every six months and a recording sheet would be implemented to monitor this. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC team to keep up to date with best practice. There was an IPC protocol in place and clinical staff had received up to date training. Annual infection control audits were undertaken and the practice nurse told us actions were being taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We noted the medical fridges had one thermometer per fridge which were not calibrated monthly. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. It was noted that these had not been signed by one of the health professionals working under the direction or by the authorising representative of the practice for both nurses.
- We reviewed four recruitment files and could not find evidence all appropriate checks for staff employed since the practice registered with the CQC had been

Are services safe?

completed. For example, there was no proof of identification, references, qualifications or registration with the appropriate professional body in the files. The practice manager told us that references had been taken verbally but these had not been documented and proof of identification had been seen but copies were not kept. Evidence was seen of a DBS check for a nurse who had joined the practice following the practice's registration with CQC and one reference. The practice manager confirmed that registration checks with the professional body for nurses and GPs was done but there was no regular system in place for this and no documented record of the checks were kept.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most 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 regularly tested the fire alarms at the main site and at the branch site. There was no evidence the practice had carried out a fire drill at either site and staff we spoke to did not know when the last drill had taken place. 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). The practice nurse confirmed the taps were flushed weekly. There was no record of this. The practice nurse confirmed a recording sheet would be implemented to monitor this.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had some 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 in the treatment room at the main site and at the branch site.
- The practice had emergency oxygen with adult and children's masks available at the branch site and adult mask at the main site. The practice nurse told us a child mask would be ordered as a matter of urgency for the main site. The practice did not have a defibrillator available on the premises. The GP told us the emergency services responded quickly, however, there was no evidence of a risk assessment where this had been assessed. A first aid kit and accident book were available at both sites.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff or utility providers. We noted this information was kept separately. Not all staff we spoke to knew how to access a paper copy of the plan.

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.

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 95.9% of the total number of points available, with 4.9% exception reporting which was 4.4% below the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- 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 diabetes related indicators was 9% below the CCG and 7.8% below the national averages.
- Performance for mental health related indicators was 5.7% above the CCG and 7.2% above national averages.

The practice had been identified as prescribing a high number of antibacterial prescriptions. We saw evidence the practice had reviewed this and completed an audit with the CCG pharmacist to monitor antibacterial useage.

Clinical audits demonstrated quality improvement.

- We saw evidence of four clinical audits which had been completed in the last two years, three of these were two cycled completed audits where the improvements made were implemented and monitored and one was due to be re-audited later in the year.
- Findings were used by the practice to improve services. For example, an audit of patients on rheumatology medication was completed to ensure patients were being regularly monitored and receiving the appropriate medication.
- The practice participated in local prescribing audits, national benchmarking, accreditation, and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, IPC, fire safety 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, Public Health England immunisation updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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 told us that the outcome of the assessment would be recorded in the patient record.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice offered one to one smoking cessation advice appointments with the practice nurse.
- The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%. There was a policy to offer telephone and letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 91% to 100%.

Flu vaccination rates for the over 65s were 76% which was above the national average of 73%, and at risk groups 49% which was slightly lower than the national average of 53%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Patients told us on the day of the inspection that they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. They told us they were treated with care and concern and felt the GPs and nurses listened to them and involved them in decisions about their care.

We spoke with a member of the patient participation group who also said they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Unfortunately, no CQC comment cards were completed by patients prior to our visit.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 86% said the GP was good at listening to them (comparable to the CCG average of 90%, national average of 89%).
- 80% said the GP gave them enough time (CCG and national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 77% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

All the patients we spoke to at the inspection 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.

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 slightly below local and national averages. For example:

- 80% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (national average 86%).

Staff told us that interpreter 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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families had experienced bereavement, their usual GP may contact them.

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 weekend and evening appointments to patients who could not attend during normal opening hours at one of the four satellite clinics in Sheffield.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for those patients who would benefit from these. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission.
- Same day appointments were available for children under the age of five years and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. The practice would refer patients to a specialist centre within Sheffield if patients required private travel vaccinations.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice did not have a lift but staff told us that patients who could not access the stairs would be seen in a room on the ground floor.

Access to the service

The main site and the branch were open with consultations available between 8am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12 noon. The Sheffield GP collaborative provided cover when the practice was closed on Thursday afternoons. Pre-bookable appointments with a GP could be booked up to four weeks in advance and six weeks in advance with the practice nurse. The next routine GP appointment was seen

to be in three weeks. The GP told us that on the day appointments were available and the clinics would be extended to fit all patients in who needed to be seen. The practice also offered GP telephone advice appointments.

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

- 70% of patients were satisfied with the practice's opening hours (national average of 78%).
- 49% of patients said they could get through easily to the surgery by phone (national average 73%).
- 61% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).

People told us on the day of the inspection that they experienced difficulty getting through to the practice by telephone to make an appointment. However, they told us they were very happy with the care they received once they could access an appointment.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information leaflets were available in reception to help patients understand the complaints system and included information on how to progress a complaint if they were not happy with the practice response.

The practice manager told us there had been five complaints received in the last 12 months. The response we reviewed did not include information on how to progress the complaint further if the patient was not happy with the response. However, we noted the complaints leaflet did include this information. Staff told us that complaints were discussed at team meetings if it was relevant to them so that they could learn from them.

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 GP told us the practice had experienced difficulties recruiting a new GP partner due to the national shortage of GPs and the practice had used two regular locums during the past year.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- There was a programme of clinical audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing most risks, issues and implementing mitigating actions with the exception of recruitment checks, fire safety, medicines management and care of medical equipment which required improvement.

Leadership and culture

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

The 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 manager told us the practice would give affected people reasonable support, truthful information and an 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.
- 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. The practice had a suggestion box in reception.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the new practice nurse had been allocated weekly one to one dedicated time with a mentor to support development and training in the role.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 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. This was because;</p> <ul style="list-style-type: none">• The Patient Group Directions had not been signed by the authorising person at the practice or by one of the practice nurses.• There had been no fire drills carried out at the main site or branch site.• There was no record of cleaning schedules of medical equipment and laundering of curtains. <p>This was in breach of regulation 12(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p> <p>How the regulation was not being met:</p> |

Requirement notices

- The registered person did not ensure persons employed were of good character. There was no evidence of references, proof of identification or registration with the professional body for staff appointed since the practice registered with CQC.
- There was no process or system to regularly monitor GPs and nurses were registered with the relevant professional body.

This was in breach of regulation 19(1)(a)(b)(2)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.