

The Crookes Practice

Quality Report

The Crookes Practice

Crookes

Sheffield

Yorkshire

S10 1GN

Tel: 0844 3879988 or 01143219799

Website: www.thecrookespractice.co.uk

Date of inspection visit: 2 December 2015

Date of publication: 18/02/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Crookes Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Crookes Practice in Sheffield on 2 December 2015. 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 assessed and well managed, with the exception of 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 to they had developed a easy to understand complaints leaflet.

- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- The practice must ensure recruitment arrangements include the necessary Disclosure and Barring checks and gain an understanding of the Disclosure and Barring service update service.
- All equipment must be checked and up to date, for example venflons and blood glucose machine.

Summary of findings

- All fridges which are used to store medications must be checked to ensure the correct temperature regulation is maintained and to avoid over-storage of products.
- **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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice must ensure recruitment arrangements include the necessary Disclosure and Barring checks and gain an understanding of the Disclosure and Barring service update service.
- All equipment must be checked and up to date, for example venflons and blood glucose machine.
- All fridges which are used to store medications must be checked to ensure the correct temperature regulation is maintained and to avoid over-storage of products.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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 that there was continuity of care, with urgent appointments available the same day. However, there appeared to be a difference between the results of the GP patient survey and what patients told us on the 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. 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.

Summary of findings

- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people. All patients over 75 years had a named GP and there are reports of excellent care for residents at the local nursing home.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The care of people with diabetes is comparable to other practices, for example the percentage of patients on the register who have a record of appropriate tests in the preceding 12 months is 83.92%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years is comparable to other practices and higher (91.83%) than the national average (81.88%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good 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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice identified and coded people whose circumstances make them vulnerable including; adults, safeguarding and the homeless, Drug and substance misuse is managed by treatment centres which is city wide for Sheffield. GPs are not encouraged to treat misuse in-house.
- It offered longer appointments for people with a learning disability. Patients were seen with their support worker and regularly reviewed with a focus on health promotion. There are three Mencap supported living houses in the locality.
- The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable.
- It had told patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months is comparable to other practices (92.59%) and higher than the national average (86.04%).
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2nd July 2015. The results showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 120 were returned this represents 4% of the practice population.

- 65.8% found it easy to get through to this surgery by phone compared to a CCG average of 69.8%, and a national average of 73.3%.
- 87.2% found the receptionists at this surgery helpful compared to a CCG average of 85.4%, and a national average of 86.8%.
- 87.4% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83.4%, and a national average of 85.2%.
- 84.3% said the last appointment they got was convenient compared to a CCG average of 91.1%, and a national average of 91.8%.

- 68.2% described their experience of making an appointment as good compared to a CCG average of 69.2%, and a national average of 73.3%.
- 71.3% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61.5%, and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received.

We spoke with five patients and four members of the patient participation group (PPG) during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Some patients made comments about the lack of parking near the surgery but others were happy to walk from their homes to the practice.

The Crookes Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor and practice manager specialist advisor.

Background to The Crookes Practice

The Crookes practice premises are formed from two terraced properties in Crookes, Sheffield. The original building is 100 years old and an extension was added to the original build in 1996. Crookes has a village type community which has grown over the years.

The practice is situated on three levels; the ground floor consists of a large waiting area, reception area, eight consulting rooms, and toilets. The first and second floors contain staff facilities, offices, further treatment rooms, and the learning library. There is a small car park at the front of the practice with car parking for three cars.

Wheelchair access is available and in line with the Disability Discrimination Act 1995. The practice has a hearing loop.

The practice currently has four GP partners (two male and two female), one non-clinical business partner and two salaried GPs (one male and one female) together with a nurse practitioner, practice nurse and health care assistant (all female); a phlebotomist (female) and a wide range of administrative support staff. The patient list size is 7,621. The majority of patients are attracted from the immediate vicinity. Crookes is a training practice for GP trainees. The practice has a General Medical Services contract.

The practice is open between 8.30am and 6pm Monday to Friday. The practice is closed to telephone calls between 12.30pm to 2.30pm and calls are answered by the out of hours service who then contact the on call GP with any urgent queries. The practice is closed on Thursday afternoons for staff training and calls are answered by the out of hours service during this time. Routine appointments are between 8.30 am and 6.00 pm, depending on the day, but late evening appointments are offered on Tuesdays and Wednesdays and one Saturday every month to try and fit around working hours. The practice is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff the partners and salaried GPs, practice nurses, reception and administrative staff, business and assistant practice managers, phlebotomist, and spoke with patients who used the service.
- Observed how people were being cared for and talked with family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 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 also a recording form available on the practice's computer system.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. All incidents were recorded by the practice manager and logged in an incident book. Each incident was investigated and a report was prepared by the practice manager which is cascaded and shared among the practice team at regular practice meetings. In addition we reviewed the incident log which identified lessons learned. For example, a change was implemented to encourage reception staff to deal with patients in a more timely manner to avoid overcrowding confidential details being overheard in the reception area.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. One of the GP partners was the 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 relevant to their role. GPs were trained to safeguarding level three.

- A notice in the waiting room advised patients practice nurses would act as chaperones, if required. Most staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence action was 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. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed four personnel files and found proof of identification, references, qualifications, registration with the appropriate professional body were carried out. The practice recruitment policy stated all clinical and medical staff were to undergo DBS checking procedures. We were shown one DBS certificate which related to a clinical member of staff's previous employment with another organisations from March 2015. We were told the DBS status of the individual was not checked with the DBS service prior to commencement at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Are services safe?

health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice embraces an open and collaborative culture. Staff told us that they feel supported in their roles due to an 'open door policy'. There are excellent links with Sheffield CCG and good collaboration with outside agencies through partnership working particularly in relation to the care provided at the local nursing home whereby a 'stay at home' pilot is being carried out.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- We did find an expired venflon and an expired blood glucose monitor with the emergency equipment.
- We noted the maximum fridge temperature had been recorded on a daily basis as 9.9c which is above the recommended range of between 2 to 8c. The practice did not follow Public Health England Protocol for ordering, storing and handling vaccines as the external thermometer was not reset after the reading was taken and the fridges were overcrowded.

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

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 92.7% of the total number of points available, with 5% exception reporting. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national average i.e. the percentage of patients with diabetes on the register whose last measured total cholesterolis 5 mmol or less was 85.3% compared to national rate of 81.6%.
- The percentage of patients with hypertension having regular blood pressure tests was below the CCG and national average at 77.13% compared to 83.11%.
- Performance for mental health related indicators was above the CCG and national average e.g. 92.59% of patients had a comprehensive agreed care plan documented in the record compared to a national average of 86.04%.
- The dementia diagnosis rate was comparable to the CCG and national average.
- Clinical audits demonstrated quality improvement.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken as a result of a dementia referral audit had led to improvements being made in the quality of the referral letters to ensure that carers contact details were added and improve those patients that do not attend. A quality audit had been completed to improve the care for learning disability patients which resulted in a 30 minute appointment with the health care assistant with a focus on health promotion, diet and exercise. All patients are now seen with their support worker.
- Information about patients' outcomes was used to make improvements such as monitoring blood pressure through a 24 hour machine prior to commencing anti-hypertensive treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example staff reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had 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.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. 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 people to other services.

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

Consent to care and treatment

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

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

Health promotion and prevention

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 and patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group alongside a health trainer.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 91.83%, which was comparable to the CCG average and the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.3% to 100% and five year olds from 97.2% to 98.6%. Flu vaccination rates for the over 65s were 74.71%, and at risk groups 49.94%. These were also comparable to CCG and national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 patient CQC 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.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92.4% said the GP was good at listening to them compared to the CCG average of 89.5% and national average of 88.6%.
- 88.8% said the GP gave them enough time (CCG average 87.5%, national average 86.6%).
- 98.2% said they had confidence and trust in the last GP they saw (CCG average 96.2%, national average 95.2%)
- 90.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85.1%).

- 88.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.6%, national average 90.4%).
- 87.2% said they found the receptionists at the practice helpful (CCG average 85.4%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 90.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.8% and national average of 86.0%.
- 84.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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. The practice had identified 15.3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered late appointments on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Care planning and treatment for patients with learning disability was good.
- Double appointments were offered for complex patients and interpreter services offered if required.
- Some problems were dealt with over the telephone via a telephone triage system.
- Patients living with dementia who have increased needs were seen more frequently than annually.

Access to the service

The practice is open between 8.30am and 6.00pm Monday to Friday. Routine appointments are between 8.30am and 6.00pm, depending on the day. Late evening appointments were offered on a Tuesday and Wednesday and on one Saturday every month to try and fit around people's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 69.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.4% and national average of 74.9%.

- 65.8% patients said they could get through easily to the surgery by phone (CCG average 69.8%, national average 73.3%).
- 68.2% patients described their experience of making an appointment as good (CCG average 69.2%, national average 73.3%).
- 71.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61.5%, national average 64.8%).

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, for example posters displayed in the waiting room and complaints packs available from reception. We noted some of the leaflets contained details of the primary care trust which has been replaced by the CCG. Also the leaflets did not contain the details of the Parliamentary Health Service Ombudsman (PHSO) for the complainant to contact if they were not satisfied with the complaint response from the practice.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. The 2015 complaints review identified that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about lack of confidentiality and waiting times in the reception area, reception staff were asked to see patients in the order that they arrive in reception, unless in an emergency. Staff had also been reminded that they should not ask patients for confidential information in the reception area but take them to a private area of the practice if they request it or if the member of staff feels it would be more appropriate. We noted response letters to patients did not include details of the PHSO; the patient services manager told us this would be added in the future and the complaints leaflets reviewed to ensure this was included.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership, openness and transparency

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

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the virtual patient participation group (PPG) and surveys and complaints received. There was a PPG which had worked on practice-led improvements with the practice management team.
- The practice had also gathered feedback from staff through staff meetings and discussion at multi-disciplinary meetings. 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. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Good 

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

with other practices for example , The Crookes Practice is one of the four practices in Sheffield taking part and hosting out of hours provision as part of the Prime

Minister's Challenge Fund pilots. Local practices are involved in working together to support extended hours seven days a week for this pilot until June 2016 the CCG and the local nursing home.

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
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The fridge which was used to store medications was overcrowded. We noted the maximum temperature had been recorded on a daily basis as 9.9c which is above the recommended range of between 2 to 8c. The practice did not follow Public Health England Protocol for ordering, storing and handling vaccines as the external thermometer was not reset after the reading was taken.• The practice must ensure recruitment arrangements include the necessary Disclosure and Barring checks and gain an understanding of the Disclosure and Barring service update service.• All equipment must be checked and up to date, for example venflons and blood glucose machine <p>This was in breach of regulation 12(1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>