

# Upwell Street Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upwell Street Surgery on 7 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 should make improvement are:

- Emergency oxygen should be available on the premises as recommended in Resuscitation Council (UK) guidelines.
- The practice should keep a log of fire drills and all staff should have up to date fire training.
- Administrative staff should hold regular, minuted team briefings.
- The practice had a number of policies and procedures to govern activity although some of these needed a review.

# Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed.
- We noted that emergency oxygen was not available on the premises and we were told that this was due to the proximity of the Northern General Hospital.
- We were told on the day of inspection that regular fire drills were carried out although we did not see a log to confirm this. Fire training for staff was out of date but we were told that this was currently being arranged.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had developed an understanding of cultural needs across the practice population for example they had developed a Ramadam protocol for patients with diabetes.

## 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. For example the practice are part of a Federation and offer Hub appointments during the evening and at weekends.
- Most 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.
- The practice had a high number (24%) of Roma Slovak patients and provided a range of services for these families living in poverty with complex health and social needs. This included; weekly booked surgeries with interpreters, dedicated new patient checks and 'on' day and 'walk in' appointments for those patients without skills to book appointments and Hepatitis B screening. The practice had a high awareness of safeguarding issues in this group of patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had developed an innovative Frailty Protocol to improve care for patients who were frail due to medical conditions. The protocol included detailed care plans and medication reviews.
- The practice had liaised with the Alzheimers Society to enable patients living with dementia in the community and their carers to receive additional support and signposting.
- The practice had developed an awareness of Female Genital Mutilation (FGM) issues locally and offered referral for surgery and psychosexual counselling.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a strategy to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity although some of these were overdue a review.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on.
- The practice had a patient participation group although this was not currently active. However, they gained patient feedback through the national Friends and Family test, NHS choices and the suggestion box.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out regular medication reviews to avoid polypharmacy (the concurrent use of multiple medications).
- The practice had developed an innovative Frailty Protocol to improve care for patients who were frail due to medical conditions. The protocol included detailed care plans and medication reviews.
- The practice had liaised with the Alzheimers Society to enable patients living with dementia in the community and their carers to receive additional support and signposting.
- The practice employed two salaried GPs to provide daily visits and weekly ward rounds to local nursing homes. All nursing home patients had detailed annual care plans and end of life care plans. The practice had low hospital admission rates, or hospital deaths of nursing home patients in their care.

### 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.
- Performance for diabetes related indicators was above the CCG and national average. For example, the percentage of patient with diabetes, on the register, in whom the last blood test was within normal limits was 85%, CCG average 78% and national average 78%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice had developed an understanding of cultural needs across the practice population. For example they had developed a Ramadam protocol for patients with diabetes to support them with their diet during this religious period.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 89% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and there was frequent liaison with local schools to ensure that children with increased needs were receiving educational support.

Good



## 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 had a high number (24%) of Roma Slovak patients and provided a range of services for these families living in poverty with complex health and social needs. This

Good





# Summary of findings

included; weekly booked surgeries with interpreters, dedicated new patient checks and 'on' day and 'walk in' appointments for those patients without skills to book appointments and Hepatitis B screening. The practice had a high awareness of safeguarding issues in this group of patients.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.
- The practice had developed an awareness of Female Genital Mutilation (FGM) issues locally and offered referral for surgery and psychosexual counselling.

## 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).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94%, CCG average 90% and national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and liaised closely with the Alzheimers Society.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages for access but in line with local and national averages for care. 363 survey forms were distributed and 103 were returned. This represented a response rate of 28% compared to the national response rate of 38%.

- 59% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.

The practice were aware of issues relating to poor access and had developed a strategy to address these for example; telephone triage and consultations were offered and extended hours were offered at weekends and evenings through the Hub.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were all positive about the standard of care received. Patients described the staff as professional, respectful and caring in their approach.

We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Upwell Street Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and included a GP specialist adviser.

## Background to Upwell Street Surgery

Upwell Street Surgery is situated in a deprived area of North Sheffield. The practice provides services for 4,913 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the first most deprived areas in England. The age profile of the practice population includes a higher proportion of elderly patients in nursing homes than other GP practices in the Sheffield Clinical Commissioning Group (CCG) area; a high number of children (one in three) and a transient population with a high turnover of patients (10% each year).

The practice has three GP partners; (two female and one male), three salaried GPs; (all female) and three GP registrars; (2 female and one male), one nurse practitioner, one practice nurse and one healthcare assistant. They are supported by a team of practice management staff and an administration team. The practice is open between 8.40am and 6pm on Monday, Tuesday, Wednesday and Friday and closed on Thursday afternoons. Extended hours are offered on Saturday mornings and evenings through the Hub. Appointments with staff are available at various times throughout the day. Patients requesting same day appointments are triaged over the telephone and offered a

face to face appointment if required. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 December 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager, administration and reception staff) and spoke with patients who used the service.
- Observed interactions with patients who were being cared for.
- 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:

# Detailed findings

- 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 with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a recent incident relating to an interruption in the cold chain of the medical refrigerator was reported to the Clinical Commissioning Group and practice staff were briefed to prevent this happening again.

### Overview of safety systems and processes

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

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

received training on safeguarding children and adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also carried out regular medication reviews to avoid polypharmacy (the concurrent use of multiple medications). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- We reviewed three personnel files and found that some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed although there were some shortfalls in fire safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment. We were told on the day of the inspection by the practice manager that regular fire drills were carried out on a six monthly basis although we did not see a log. Fire training for staff was out of date but we were told that this was being arranged.
- 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises however there was no oxygen. We were told that this was due to the proximity of the Northern General Hospital. Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible. Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxaemia). If the practice does not have oxygen they are unlikely to be able to demonstrate they are equipped for dealing with emergencies.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 15.2% exception reporting which is 5.9% above 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).

We were told on the day of inspection that the high incidence of exception reporting may be attributable to a number of factors. For example, the transient nature of the population with complex health and social needs who do not attend for review or take medication as advised and the management of frail patients holistically, rather than according to QOF criteria.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national average. For example, the percentage of patient with diabetes, on the register, in whom the last blood test was within normal limits was 85%, CCG and national average 78%.
- Performance for mental health related indicators was similar to the CCG and the national average. For

example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94%, CCG average 90% and national average 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve and develop services. For example a recent cytology audit was carried out to improve the quality of care for patients by reducing the percentage of inadequate cervical smear results and making sure that all abnormal smears were followed up.

Information about patients' outcomes was used to make improvements such as a recent audit to improve disabled access to the practice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had undertaken specific training programmes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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, basic life support and information governance. We were told that fire safety training was currently being arranged. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had a high number of Roma Slovak patients within the practice population. Many of these patients were living in poverty and had complex health and social care needs. A high level of support was offered to engage with these patients, for example, the use of Interpreter services and education on the importance of engaging with health and social care services to improve their health outcomes.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 89% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 81% and five year olds from 70% to 88%. The practice were aware of this data which they attributed to the demographics and transient nature of the local population. There were strategies in place to improve immunisation rates such as chasing up DNA's and liaison with local schools.

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

## Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and the average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We noted that the practice had developed an understanding of cultural needs across their practice population. For example they had developed a Ramadam protocol for patients with diabetes.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

- The practice used interpreter services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were four bilingual interpreters based at the practice.
- Information leaflets were available in different languages in an easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, 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 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. For example, the practice were part of the Sheffield Wide initiative (funded under the Prime Ministers Challenge Fund) and able to direct patients to a Satellite Hub surgery in the evenings and at weekends.
- The practice offered extended hours on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice had a high number (24%) of Roma Slovak patients and provided a range of services for these families with complex health and social needs. This included; weekly booked surgeries with interpreters, dedicated new patient checks and 'on' day and 'walk in' appointments for those patients without skills to book appointments and Hepatitis B screening. The practice had a high awareness of safeguarding issues in this group of patients.
- The practice had developed an innovative Frailty Protocol to improve care for patients who were frail due to medical conditions. The protocol included detailed care plans and medication reviews.
- The practice had liaised with the Alzheimers Society to enable patients living with dementia in the community and their carers to receive additional support and signposting.
- The practice employed two salaried GPs to provide daily visits and weekly ward rounds to local nursing homes.

All nursing home patients had detailed annual care plans and end of life care plans. The practice had low hospital admission rates, or hospital deaths of nursing home patients in their care.

- The practice had developed an awareness of Female Genital Mutilation (FGM) issues locally and offered referral for surgery and psychosexual counselling.

### Access to the service

The practice was open between 8.40am and 6pm on Monday, Tuesday, Wednesday and Friday and closed on Thursday afternoons. Extended hours were offered on Saturday mornings. Appointments with staff were available at various times throughout the day. Patients requesting same day appointments were triaged over the telephone and offered a face to face appointment if required. When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.

The practice were aware of issues relating to poor access and a telephone system upgrade was being considered. The practice also offered telephone triage and telephone consultations. In addition extended hours were offered at weekends and evenings through a Satellite Hub. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed

# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example a summary leaflet was available.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a recent complaint relating to the attitude of reception staff resulted in increased staff training particularly relating to the management of confidentiality in the reception area.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a 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 that staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity although some of these were overdue for review.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the recording of fire drills.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular clinical team meetings. However, administrative staff meetings were held on an 'ad hoc' basis. We were told on the day of inspection that it was difficult to schedule administrative staff meetings due to the large number of staff working part time hours. We were told that important information was cascaded to these staff via email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected and supported, particularly by the partners in the practice and they encouraged all members of staff to identify opportunities to improve the services delivered.

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

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

The practice had a patient participation group (PPG) although the meetings had been infrequent and they were not currently active.

The practice had gathered and responded to feedback from NHS Choices, Friends and Family and the suggestion box. Improvements included giving longer appointment slots (15-20 minutes) due to patient concerns about doctors running late.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

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

## Are services well-led?

Good 

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

for patients in the area. For example, the practice are part of the Sheffield Wide initiative (funded under the Prime Ministers Challenge Fund) and able to direct patients to a Satellite Hub surgery in the evenings and at weekends.