

# Nethergreen Surgery

## Quality Report

34-36 Nethergreen Road

Sheffield

S11 7EJ

Tel: 0114 2307818

Website: [www.nethergreen-surgery.co.uk](http://www.nethergreen-surgery.co.uk)

Date of inspection visit: 16 December 2015

Date of publication: 21/01/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to Nethergreen Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nethergreen Surgery on 16 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.
- Most risks to patients were assessed and well managed, with the exception of those relating to premises.
- 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. However, training records did not identify all the training staff had completed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an urgent appointment although they could wait two to three weeks for a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was no oxygen available on site to deal with medical emergencies. However, the practice have since provided evidence that this had been obtained.
- 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 registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice offered patients with learning disabilities pictorial information sheets and easy to read appointment letters to improve communication.

# Summary of findings

- The practice had developed a frailty register to identify patients who were becoming increasingly frail.

The areas where the provider should make improvements are:

- Maintain records of all staff training.

- Ensure oxygen is available on site to deal with medical emergencies.
- Implement a system to ensure all Health and Safety risks relating to premises are identified.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. At the time of the inspection there was no oxygen available on site to deal with medical emergencies. However, the practice have since provided evidence that this had been obtained.

### 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. However, records of training were not always evident and there was no clear log to enable the management team to identify and monitor who had completed training and when.
- 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



- Data showed that patients rated the practice higher than others for several aspects of care.

# Summary of findings

- 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 also 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.

- 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 urgent appointment although had to wait two to three weeks for a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- 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.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice worked closely with other health and social care professionals, such as the community nursing team, social workers and community support worker. The practice had developed a frailty register to identify patients who were becoming increasingly frail with a view to completing health needs assessments.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments were available when needed and the practice offered combined appointments for patients who had more than one long term condition. 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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this. Data showed 92% of women eligible for a cervical screening test had received one in the previous five years and we saw notices in the patient toilets on how to access help and advice on sensitive issues, for example, domestic abuse. All children requiring an urgent appointment would be seen the same day. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with the health visitors who attended the monthly MDT meetings.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered GP telephone triage consultations, evening and Saturday morning clinics and appointments with an occupational health advisor. 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.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice used a flagging system on the patient record to alert staff to people whose circumstances may make them vulnerable. It offered longer appointments for people with a learning disability and used pictorial, easy to read information sheets to improve communication. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations and there was a dedicated notice board in the reception area for carers. 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)**

Good



The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia). 79% of people diagnosed with dementia had received a face to face review of their care in the last 12 months. The practice regularly worked with multi-disciplinary 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 provided weekly visits and developed care plans with families for patients living with dementia who resided in a local care home. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had a good



## Summary of findings

understanding of how to support people with mental health needs and dementia. The practice also hosted Improving Access to Psychological Therapies programme (IAPT) to support patients' needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 255 survey forms distributed and 122 were returned. This is a response rate of 47.8%. Examples of responses included:

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 82% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 64%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all very positive about the standard of care received.

We spoke with 12 patients during the inspection who said that they were happy with the care they received and thought that staff were approachable, committed and caring. They told us they were treated with respect and their privacy and dignity was protected. They also said the practice was always clean and tidy. Patients told us they could get an urgent appointment when needed but had to wait two to three weeks for a routine appointment.

## Outstanding practice

- The practice offered patients with learning disabilities pictorial information sheets and easy to read appointment letters to improve communication.
- The practice had developed a frailty register to identify patients who were becoming increasingly frail.

# Nethergreen Surgery

## 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 practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Nethergreen Surgery

Nethergreen Surgery is located in Nethergreen, Sheffield and accepts patients from Nethergreen, Ranmoor, Fulwood, Lodge Moor, Crosspool, Mayfield Valley, Hunters Bar, High Storrs, Ecclesfield Road South and Broomhill. The practice catchment area is classed as within the group of the tenth least deprived areas in England.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 9322 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. They also offer a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Nethergreen Surgery has seven GP partners (three male, four female) and one male GP Registrar. One GP partner is on sabbatical leave. There are four female practice nurses, one female phlebotomist and one female pharmacist. These are supported by a practice manager and an experienced team of reception and administration staff. The practice is a training practice for medical students.

The practice is open between 8am and 6.30pm Monday to Friday, with the exception of Thursday when the practice closes at 1pm. Appointments are offered 8am to 10.30am and 2pm to 6pm Monday to Friday with no appointments

Thursday afternoon. The practice also offers appointments 6.30pm to 8.30pm on Monday evenings and 8am to 10.30am Saturday mornings. When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover on Thursday afternoons.

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

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as NHS England, Sheffield Healthwatch and the CCG to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff including five GPs, two practice nurses, a pharmacist, two administrators, three receptionists and the practice manager. We also spoke with 12 patients who used the service including two members of the patient participation group.
- Observed communication and interaction between staff and patients both face to face and on the telephone within the office area.
- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available in the reception office.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recall system had been set up to ensure patients who required long term blood tests were sent an appointment at the appropriate time.

When there are unintended or unexpected safety incidents, people receive 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.

### 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. 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 relevant to their role. GPs were trained to safeguarding level three.
- A notice in the treatment rooms advised patients that staff would act as chaperones, if required. Staff who acted as chaperones told us they had received in-house training for the role. Although records of this were not available, staff we spoke to had a clear understanding of

their role when chaperoning. All staff 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. There was no schedule of cleaning for the curtains although evidence was seen that this had been completed in the previous six months. The practice manager told us a recording schedule would be implemented. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified in most areas 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 pharmacist carried out regular medicines audits 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 nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that 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.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. A health and safety risk assessment of the premises had not been completed. The practice manager told us this would be put in place immediately.

## Are services safe?

However, the practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection prevention and control and legionella. 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.

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

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. At the time of the inspection there was no oxygen on site. However, the practice has since provided evidence that this had been obtained. There was 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.
- 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. However, staff we spoke to did not know how to access a hard copy of the plan. The practice manager told us all staff would be informed how to access it.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94% of the total number of points available, with 10% exception reporting. High exception reporting was identified in some of the clinical domains due to coding errors on the practice computer system. The GP confirmed this would be reviewed immediately and staff would receive training. Data from 2013/14 showed;

- Performance for diabetes related indicators was 6% below the CCG and 5% below the national averages.
- Performance for mental health related indicators was 8% above the CCG and 10% above national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 27% below the CCG and 26% below national averages.
- The dementia diagnosis rate was 1% above the national average.
- The practice had been identified as having a low prevalence rate for the number of patients diagnosed

with Chronic Obstructive Pulmonary Disease (COPD). The GP told us this was due to the practice being located in an area with low deprivation and a low number of smokers.

- Clinical audits demonstrated quality improvement.
- There had been 15 clinical audits completed in the last two years, 12 of these were completed audits where the improvements made were implemented and monitored.
- 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 included implementation of a system to monitor the follow up treatment and medication of patients who had undergone bariatric surgery.

### 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 for those 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 received an appraisal within the last 12 months.
- Staff told us they had received training that included: safeguarding, fire procedures and basic life support. They had access to and made use of e learning training modules and in house training. However, records of

# Are services effective?

## (for example, treatment is effective)

training were not always evident and there was no clear log to enable the management team to identify and monitor who had completed training and when it was due for renewal.

### 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. 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every four to six weeks 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. Patients were then signposted to the relevant service.

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 92%, which was higher than the national average of 82%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% and five year olds from 89% to 93%. Flu vaccination rates for the over 65s were 73%, and at risk groups 41%. These were also comparable to 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 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 12 patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 95% said the GP gave them enough time (CCG average 92%, national average 92%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

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

Patients told us 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:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 192 patients as carers. The practice had a dedicated carers notice board in the reception area 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 by telephone. This call was either followed by a 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 an evening clinic on a Monday until 8.30pm and a Saturday morning clinic for patients, including 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 all children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice did not have a lift. There were consulting rooms on the first floor. Staff told us patients would be seen in a consulting room on the ground floor if they could not access the stairs and we saw evidence of a patient being offered this during the inspection.
- There was a designated childrens area in the waiting room.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 1pm. Appointments were available from 8am to 10.30am and 2pm to 6pm daily with no appointments on a Thursday afternoon. Extended hours surgeries were offered on Monday evenings 6.30pm to 8.30pm and every Saturday morning 8am to 10.45am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the practice was closed between 6.30pm and 8am, patients were advised to contact the NHS 111 service. On a Thursday afternoon services were provided by the Sheffield GP Collaborative.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get an urgent appointment when needed but waited two to three weeks for a routine GP appointment.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 82% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

### 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. Both written and verbal complaints were recorded.
- We saw that information leaflets were available in the waiting room to help patients understand the complaints system.

We looked at 13 complaints received in the last 12 months and found they had been dealt with appropriately, identifying actions, the outcomes and any learning. For example, the practice had reviewed their internal procedure for blood test requests.

# 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 robust strategy and supporting business plan which reflected the vision and values of the practice and was 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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing most 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 prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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.

- They 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 were confident in doing so and felt supported if they did. We also noted that team away days were held.
- 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 patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a bike rack had been installed at the suggestion of the PPG to assist with access.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

## Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, it had taken part in a pilot project which had introduced the Community Support Workers into local surgeries.