

Grenoside Surgery

Quality Report

60 Greno Crescent
Sheffield
S35 8NX

Tel: 0114 2403159

Website: www.grenosidesurgery.com

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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 Grenoside Surgery and the branch site at Wadsley Bridge on 23 February 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.
- Most risks to patients were assessed and well managed with the exception of some outstanding actions noted on the practice's own infection prevention and control (IPC) audit. In addition, the branch site had not carried out a fire drill for some time.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice staff gave examples where acts of care and kindness had been shown to patients. For example, one non clinical member of staff told us he had visited a patient at home following discharge from hospital and had assisted in re-setting the heating system to enable the patient to be more comfortable and reception staff told us they would book taxis for patients to go home following their appointment at the surgery should they request one.

Summary of findings

The areas where the provider should make improvement are:

- Complete outstanding actions identified on own IPC audit. To include deep cleaning of carpets and fitting soap dispensers to walls in the treatment rooms.
- The practice should arrange for the branch site to undertake regular fire drills.

- The practice should ensure the system to check the expiry date of clinical consumables, for example, syringes is completed.
- The practice should maintain a record of completed daily cleaning schedules.

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, patients received reasonable support, truthful information, a verbal and written apology. They 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 patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of some outstanding actions noted on an IPC audit. In addition, a fire drill had not been carried out at the branch site for some time.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff provided us with examples of care and support given to patients. One member of staff told us they had visited a patient at home following discharge from hospital and had assisted in re-setting the heating system to enable the patient to be more comfortable. Reception staff told us they would book taxis for patients to go home following their appointment should they request one.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day at the drop in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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 who needed them.
- The practice provided medical care and weekly routine GP visits to patients who resided in a local care home.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 74%, which was comparable to the national average of 73%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available for those who needed them.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances or who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates were comparable to national averages.
- 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.

Good



Summary of findings

- Data showed 96% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice operated a daily drop in clinic for any urgent appointments and a GP telephone advice system for patients to speak to the duty doctor.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments at the practice and weekend and evening appointments through the Sheffield satellite clinical scheme.
- The practice offered appointments at the practice with an adviser from a local charity who could offer employment and benefit advice or signpost to local support services.
- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- Of those patients diagnosed with a mental health condition, 96% had a comprehensive care plan reviewed in the last 12 months, which is above the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- Of those patients diagnosed with dementia, 76% had had their care reviewed in a face to face meeting in the last 12 months, which was slightly lower than the national average of 84%.
- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published 7 January 2016 showed the practice was performing in line with local and national averages. There were 268 survey forms distributed and 119 forms were returned. This represented 1.6% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone (national average 73%).
- 95% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 CQC comment cards which were all positive about the standard of care received. We also spoke with nine patients during the inspection including two members of the PPG who said they were happy with the care they received and thought staff were approachable, friendly, committed and caring.

Grenoside 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 adviser and a practice manager specialist adviser.

Background to Grenoside Surgery

Grenoside Surgery is located in a purpose built health centre in Grenoside, Sheffield and has a branch site in Wadsley Bridge. It accepts patients from Grenoside, Wadsley Bridge and the surrounding area. The practice catchment area has been identified as one of the fourth most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 7262 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Grenoside Surgery has four GP partners (two female, two male), three salaried GPs (two female, one male), two female practice nurses, two female healthcare assistants, practice manager and an experienced team of reception and administration staff. The practice is a teaching practice for medical students.

The practice is open between 8am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. Extended hours are offered 6.30pm to 8.30pm Tuesday evenings and one Monday evening a month. Appointments are available with a GP between 8.45am and 11am and 3pm to 6.30pm daily (with the

exception of Thursdays when the practice is closed and the GP collaborative provides cover). Other clinical appointments with the nurse and healthcare assistants are available throughout the day.

In addition to pre-bookable appointments that can be booked up to two weeks in advance for GPs and 12 weeks in advance for nurses and healthcare assistants, urgent appointments are also available for people that need them at the same day drop in clinic which is held at the main branch 8.45am to 10.15am daily. Patients could also request a same day telephone call back from the duty doctor if required for advice.

The branch site is open with consultations available between 8.30am and 12.15 daily. Urgent slots are available daily at the branch site or patients can access the drop in clinic at the main site.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. Patients are informed of this when they telephone the practice number.

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

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. However, it was noted that a notification of the change had been received by CQC and the practice manager confirmed the practice was in the process of completing the application forms to add the new partner to the registration.

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff (three GPs, one practice nurse, three administration staff, assistant practice manager and practice manager) and spoke with nine patients who used the service including two members of the PPG.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed CQC 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us there was a recording form available on the practice's computer system for all staff to use. The practice carried out a thorough analysis of the significant events at full team meetings. Any actions identified were included on the form and shared with all staff. For example, following a significant event the system to pass urgent messages to GPs was changed to ensure the GP received the notification the same day.
- Incident reports and national patient safety alerts were forwarded to the GPs who would discuss informally at the daily doctors meeting. The GP told us these would be included on the weekly doctors meeting agenda as a standard item to ensure any actions taken were recorded.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead clinician for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three.
- Chaperones were available if required. All staff who acted as chaperones were trained for the role. They had not 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). However, the practice policy included a rationale for not completing a DBS check on staff who chaperoned. The practice manager told us the practice had reviewed this and were confident the rationale kept patients safe.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises at the main site and the branch site to be clean and tidy. There was a schedule of cleaning in place but no daily monitoring records of what cleaning had taken place. The practice manager told us recording schedules would be implemented.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC team to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that most actions were taken to address areas identified for improvements as a result. However, there were some actions identified on the audit that were still outstanding. For example, the carpet deep cleaning schedule had not been commenced and the soap dispensers had not been fixed to the wall in the treatment rooms. We also observed there to be out of date consumables (1ml and 3ml syringes only) in the treatment room and at the branch site. The practice nurse confirmed these had been ordered from the supplier and would be replaced immediately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

Are services safe?

- We reviewed four recruitment files and found appropriate checks for staff employed since the practice registered with the CQC had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks with the exception of a new nurse who had not had an application for a DBS completed prior to employment with the practice. The practice manager told us a risk assessment had been completed and a DBS from previous employment which was less than six months old had been accepted in the interim and the new member of staff would be supervised during the induction phase. The practice manager supplied evidence following the visit that an application for a DBS check for this employment had been applied for.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills at the main site. However, there was no record of a fire drill being carried out at the branch site for some time. The practice manager told us this would be 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 IPC 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.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system 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 at both premises and oxygen with adult and children's masks. A first aid kit and accident book were available at both sites also.
- Emergency medicines were easily accessible to staff in a secure area of the practice and at the branch site and all staff knew of their locations. All the emergency 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 at both sites. 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 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.5% of the total number of points available, with 9.2% exception reporting which was comparable to the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 2.6% above the CCG and 3.8% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2.2% above the national averages.
- Performance for mental health related indicators was 5.7% above the CCG and 7.2% above national averages.

Clinical audits demonstrated quality improvement.

- We saw evidence of two clinical audits completed in the last two years which were two cycled clinical audits, where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, a recall system for patients who were taking rheumatology medication was set up to ensure appropriate monitoring checks were completed.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, IPC, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, Public Health England immunisation updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. 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 its intranet system.

Are services effective?

(for example, treatment is effective)

- 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 patients to other services. The practice utilised the e-referral system when referring patients to secondary care and had access to the Press Portal, an online system which included guidelines on local referral pathways and referral forms.
- Patient test results were filed in the patient's electronic medical record. In addition, the practice had developed a results book to record abnormal test results to ensure all repeat tests were completed at the appropriate time.

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

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- To enable easier access to appointments, the practice hosted podiatry and diabetic retinal screening appointments at the practice for those who required one. Physiotherapy appointments were available at the practice for patients recovering from an operation or injury.

The practice's uptake for the cervical screening programme was 96%, which was higher than the national average of 82%. There was a policy to offer 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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98.6% and five year olds from 88% to 100%.

Flu vaccination rates for the over 65s were 74%, and at risk groups 52%. These were 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 to 74 years. Appropriate follow ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 14 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, friendly, caring and treated them with dignity and respect.

We spoke with nine patients including two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC 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% said the GP was good at listening to them (CCG average 90%, national average 89%).
- 89% said the GP gave them enough time (CCG and national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 95% 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 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 CQC comment cards we received was also positive and aligned with these views.

Staff provided examples of care and support given to patients. One member of staff told us they had visited a patient at home following discharge from hospital and had assisted in re-setting the heating system to enable the patient to be more comfortable and reception staff told us they would book taxis for patients to go home following their appointment should they request one.

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:

- 92% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, information on Healthy Living Workshops in the area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers. A carer's pack 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 and sent them a personalised sympathy card. This would either be followed up by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evenings and one Monday evening a month. It also offered weekend and evening appointments at one of the four satellite clinics in Sheffield.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for those patients who would benefit from these. The practice participated in the Sheffield roving GP scheme to provide home visits quickly to patients who were at risk of hospital admission. However, the GP told us they would usually do their own visits and would sometimes visit patients who had palliative care needs at the weekend to ensure the patient received continuity of care.
- Same day appointments were available for children and those with serious medical conditions at the daily drop in clinic.
- The practice provided medical care and weekly routine GP visits to patients in a local care home.
- The practice hosted a health care trainer to provide support for patients with health promotion.
- The practice displayed posters in the patient toilets on sensitive issues. For example, information on testing for sexually transmitted diseases.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- Patients were able to receive travel vaccinations available on the NHS and privately with the exception of yellow fever vaccine. The practice would refer patients to a specialist centre within Sheffield if the vaccine was required.
- There were disabled facilities, a hearing loop and interpretor services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm. The GP collaborative provided cover on Thursday afternoons. Extended hours were offered 6.30pm to 8.30pm Tuesday evenings and one Monday evening a month. Appointments were available with a GP between 8.45am and 11am and 3pm and 6.30pm daily (with the exception of Thursdays when the practice was closed). 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 at the same day drop in clinic which was held at the main branch 8.45am to 10.15am daily. The GP confirmed that all patients who attended the drop in clinic would be seen. Patients could also request a same day telephone call back from the duty doctor if required for advice.

The branch site was open with consultations available 8.30am to 12.15 daily. Urgent slots were available daily at the branch site or patients were able to access the drop in clinic at the main site.

When the practice was closed between 6.30pm and 8am patients were directed to contact the NHS 111 service. Patients were informed of this when they telephoned the practice number.

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

- 87% of patients were satisfied with the practice's opening hours (national average 78%).
- 85% of patients said they could get through easily to the surgery by phone (national average 73%).
- 95% of patients say the last appointment they got was convenient (national average 92%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw information leaflets available in reception to help patients understand the complaints system.

We looked at 11 complaints received in the last 12 months and found they had been dealt with appropriately, identifying actions, the outcomes and any learning

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of recording the immunity status of all clinical staff. However, the practice manager told us all staff were referred to a local occupational health service prior to employment.

Leadership and culture

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

The 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 an apology and kept records of correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff told us they felt respected, valued and supported, particularly by the partners in the practice. They said they felt part of a team and 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which had met regularly and had submitted proposals for improvements to the practice management team. For example, the PPG told us how they were in the process of developing a virtual PPG group to run alongside the face to face group to try to encourage new members from different population groups to join.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

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.

- The practice had a comments book in the waiting room for patients to feedback any comments to the practice. The comments were responded to and reviewed regularly.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Clinical staff and the practice manager were active in developing services in the wider primary care community. One GP was the Local Medical Committee Chair for Sheffield and the practice manager was on the primary care locality board.

Continuous improvement