

Far Lane Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice was previously inspected by the Care Quality Commission (CQC) in March 2016 and rated good with requires improvement for safe. Enforcement action was taken and requirement notices issued with regard to Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The link to this report can be found by selecting the 'all reports' link for Far Lane Medical Centre on our website at www.cqc.org.uk. A focused follow up inspection was programmed on 20 February 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. The requirement notices had not been met so we scheduled a comprehensive inspection.

We carried out an announced comprehensive inspection at Far Lane Medical Centre on 26 April 2017. Overall the practice is rated as good.

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

- The practice had systems in place to minimise risks to patient safety.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, there was limited evidence of reported incidents and lessons learned were not communicated widely enough to support improvement.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. There were some shortfalls with regard to chaperone training of staff who worked at the branch site and infection control training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients we spoke with said they found it difficult to access the practice by telephone to make an appointment though access to urgent appointments the same day were available when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure staff who perform chaperone duties at the branch site are trained for the role.
- Encourage staff to report significant events and ensure lessons learned are communicated widely enough to support improvement.

- Review the system for monitoring of cleaning schedules.
- Review ways to identify carer's and add them to the carer's register to be able to offer them support.
- Consider patient feedback regarding telephone access and implement the action plan for improvement as soon as practicable.
- Monitor the system implemented to improve security and track blank prescription forms.

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.

- There was a system in place for reporting and recording significant events and from the incident we reviewed action was taken to improve safety in the practice. However, there was limited evidence of reported incidents and lessons learned were not communicated widely enough to support improvement. Staff we spoke with could not recall discussing any recent incidents.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment although there were some gaps with regard to infection control and chaperone training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice slightly lower than others in the locality for several aspects of care. However, 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

Good



Summary of findings

- Patients we spoke with 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 accessible.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (0.8% of the practice list). The GP told us the practice was looking at ways to improve the accuracy of the carer's register. Written information was available to direct carers to the various avenues of support available to them.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they were happy with the care they received though found it difficult to access the practice by telephone to make an appointment. Urgent appointments were available the same day for those that required one.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised though there was limited opportunity for staff learning from these. The practice manager told us complaints would be discussed at the full team meeting should there be any lessons to be learned from individual complaints and to review analysis of trends.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework 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

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently appointed a new practice manager and a HR consultancy firm to review the practices' policies and procedures. Gaps in staff training had been identified and training arranged and significant events had been added as a standard agenda item to the full team meeting agenda for learning and development.

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 patients in its population.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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 was a system to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice worked with midwives and health visitors to support this population group.
- The practice had emergency processes for acutely ill children and young people.
- The practice is Lo-down accredited, which means it aims to support all young people to improve their health and well-being. This is promoted to patients on the practice website. The practice welcomes young people to come and talk to staff about any health-related issues they may have, including all aspects of sexual health, smoking, drug, alcohol issues and healthy eating advice.

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 these populations 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- The practice carried out advance care planning for patients living with dementia.
- Of those patients diagnosed with dementia 92% had had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 85% and national average of 84%.
- Of those patients diagnosed with a mental health condition, 93% had a comprehensive care plan reviewed in the last 12 months, which is above the CCG average of 90% and national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia at their annual review appointment.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT) to support patients' needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published July 2016 showed the practice was performing slightly lower than local and national averages in some areas. There were 217 survey forms distributed and 116 were returned. This represented 1.6% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG and national average of 85%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. There were nine comments made regarding difficulty accessing the practice by telephone to request an appointment. However, all said they were happy with the care received and said staff were helpful, kind and caring.

We spoke with four patients during the inspection. Three of the patients we spoke with said they found it difficult to access the practice by telephone to make an appointment but all said they were happy with the care they received and told us staff were approachable, committed and caring.

Far Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Far Lane Medical Centre

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

The practice provides General Medical Services (GMS) under a contract with NHS England for 7443 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

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

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

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 6pm and 6.30pm. Patients are informed of this when they telephone the practice number.

The practice was previously inspected by the Care Quality Commission (CQC) on 10 March 2016 and rated good with requires improvement in safe. Enforcement action was taken and requirement notices issued with regard to Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The link to this report can be found by selecting the 'all reports' link for Far Lane Medical Centre on our website at www.cqc.org.uk. A focused follow up inspection was programmed on 20 February 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. The requirement notices had not been met so we scheduled a comprehensive inspection for 26 April 2017.

The practice carry out regulated activities at the main site, Far Lane Medical Centre and at the branch site known as Trafalgar House:

Far Lane Medical Centre, 1 Far Lane, Sheffield S6 4FA

Trafalgar House Medical Centre, 4 Halifax Road, Sheffield S6 1LA

Trafalgar House was visited as part of the inspection in March 2016. During this inspection we spoke with staff who worked at the branch site but did not visit it as part of this inspection.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Far Lane Medical Centre on 10 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement in safe. This is because the service was not meeting legal requirements and regulations associated with the Health and Social Care Act 2008 Regulated Activities) Regulations. Specifically Regulation 12, safe care and treatment and Regulation 19, fit and proper persons employed. The full comprehensive report following the inspection on 10 March 2016 can be found by selecting the 'all reports' link for Far Lane Medical Centre on our website at www.cqc.org.uk.

A focused follow up inspection was programmed on 20 February 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. The requirement notices had not been met so we scheduled a comprehensive inspection.

We carried out a comprehensive inspection of this service on 26 April 2017 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 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 including the action plan submitted by the practice following the full comprehensive inspection in March 2016 and information collated at the focused visit on 20 February 2017. We asked other organisations to share what they knew. We carried out an announced inspection on 26 April 2017. During our visit we:

- Spoke with a range of staff (three GP partners, practice manager, finance manager, two reception and administration staff, practice nurse) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/ family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed records relating to the management of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and the practice manager would complete an incident recording form. The practice manager told us notifiable incidents under the duty of candour would be recorded. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When there were unintended or unexpected safety incidents the practice manager told us patients would receive reasonable support, truthful information, an apology and would be told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. There was limited evidence of reported incidents. However, from the incident we reviewed the practice had carried out an analysis of the event and we saw evidence action was taken to improve safety in the practice. For example, a system to relocate medicines from the medical fridge when temperature readings were outside the recommended range had been introduced.
- We saw limited evidence of learning from significant events and staff we spoke with could not recall discussing any recent incidents. The practice manager told us the practice policy was in the process of being reviewed and staff would be updated. Significant events had recently been added as a standard agenda item on the full team meeting agenda to ensure any learning was discussed with the full team.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses were trained to safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff we spoke with who acted as chaperones at the main site told us they had received training for the role. Staff we spoke with from the branch site demonstrated a good understanding of the role although they told us they had not been asked to chaperone and had not received training for the role. The practice manager told us the CCG were currently organising chaperone training locally and all staff who acted as chaperones at the practice and branch site were scheduled to attend.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and a basic monitoring system in place. The cleaning company completed a monitoring audit six monthly. However, there was no monitoring system in place to ensure cleaning schedules were adhered to on a daily or weekly basis. The practice manager provided an update following the inspection that a meeting had been arranged for 16 May 2017 to review monitoring processes. The practice had a system in place to record the cleaning of medical equipment used for patient care.
- The practice nurse was the infection prevention and control (IPC) clinical lead who worked with the practice manager to review IPC in the practice. There was a CCG IPC protocol in place. There was no evidence staff had received up to date training with the exception of the IPC clinical lead. The practice manager provided

Are services safe?

evidence following the inspection that training had been arranged for all staff on 7 June 2017. An IPC audit had been undertaken in November 2015, however, we did not see evidence that actions had been taken to address any improvements identified as a result. Following this inspection the practice manager provided evidence a full IPC audit of the main site and branch site had been completed on 3 May 2017 and the practice had liaised with the local infection prevention and control team to keep up to date with best practice. The practice also provided evidence following the inspection that IPC protocols had been reviewed and updated.

- During the inspection we observed a room on the first floor had recently commenced use as a nurse's consulting room. When we reviewed the room there was a medical fridge which we were told was not in use. We observed there to be medicines in the fridge. We were told these had been left by the midwives who had used the room some time previously. We noted the fridge was taken out of service immediately and the medicines disposed of. The room was noted to be carpeted and there were holes in the wall where a fixed couch had been removed. The practice manager confirmed the room had been used as a consulting room only by the nurse in the previous two weeks. Evidence was received following the inspection that the room was to be decorated on 16 May 2017 and a quote for vinyl flooring had been approved. The practice told us the room was not going to be used as a treatment room until the renovation work had been completed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) although there were some shortfalls with regard to monitoring and security of blank prescription forms.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were stored in a locked cabinet although there were shortfalls with regard to security of the key and

overnight storage of blank prescriptions in printers where the rooms did not lock. The system to monitor and track their use required improvement. The boxes of computer prescriptions were logged in but not tracked within the practice. The practice provided evidence immediately following the inspection that this had been reviewed and a Managing Blank Prescription Protocol had been implemented with immediate effect. This included a recording log to track individual blank prescriptions and a system to ensure security of these when rooms were not in use, for example overnight.

- There was a plan to audit this system quarterly. A key lock pad had been purchased for security of access to the cabinet key where blank prescriptions were stored.
- We noted the practice had implemented second thermometers in the form of data loggers in the medical fridges following the last full inspection. The data from these was downloaded on a regular basis and reviewed by the practice manager.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were in date and signed by the practice nurses and the authorising representative of the practice.

At the focused follow up visit on 20 February 2017 we reviewed three personnel files and found no evidence appropriate recruitment checks had been undertaken prior to employment for two of the three new staff employed. At this inspection on 26 April 2017 we observed the relevant checks had since been obtained for these staff. We also reviewed two personnel files of staff recently appointed and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Since February 2017 the practice had completed DBS checks on all staff and had reviewed and updated its Recruitment Policy and appointed a specialist HR (Human Resource) consultant to assist with future recruitment.

The practice had implemented a system to check the registration of clinical staff on the professional body registers on a regular basis. A copy of these checks were kept in personnel files.

Monitoring risks to patients

Are services safe?

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular maintenance checks of the fire alarm system. A fire drill had been completed in March 2017 at both sites and a diarised date had been arranged to do this annually.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, IPC and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice used a regular long term locum GP, had recently recruited a healthcare assistant who was due to commence work in May 2017 and were in the process of recruiting a new receptionist.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen available on the premises with adult and children's masks. A first aid kit and accident book were available. The practice did not have a defibrillator on the premises. A risk assessment had been completed which identified emergency services to be located one kilometer away.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was available to staff on the notice board.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available which was 2% above the CCG average, with 7.5% clinical exception reporting which was 1.8% below the CCG average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 3.8% above the CCG average.
- Performance for mental health related indicators was 6.1% above the CCG average.

The practice had been identified as prescribing a high number of antibiotics in 2015/16 compared to the CCG and national average. The GPs were aware of this and were working with the CCG pharmacist and following the CCG antibiotic prescribing guidelines. The practice had implemented a 'treat your infection' leaflet to provide patients with information on self management.

There was evidence of quality improvement including clinical audit:

- We observed three clinical audits commenced in the last two years, one of these was a two cycled completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients diagnosed with heart failure had been completed to ensure that these patients were receiving appropriate medication, treatment and monitoring.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, 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. The practice nurse we spoke with had completed diplomas in asthma and diabetes management and was currently being supported through the chronic obstructive pulmonary disease (COPD) diploma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 18 months. The practice manager told us these were

Are services effective?

(for example, treatment is effective)

usually completed annually but due to the changes within the management team they had been delayed. However, we observed there to be a schedule in place to complete these.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. There was no evidence staff had received IPC training with the exception of the IPC clinical lead. The practice provided evidence following the inspection that IPC training had been arranged for 7 June 2017 and staff who chaperoned were scheduled to attend an update provided by the CCG in the summer. We did not see evidence of minor surgery update training for the GPs who performed minor surgery. The practice manager provided evidence following the inspection that the GPs were booked onto the next available update course. Staff had access to and made use of e-learning training modules, external training and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of urgent referrals we reviewed we found that the practice shared relevant information with other services in a timely way.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 93%, which was comparable with the CCG average of 89% and above the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 98% and five year olds were at 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

Are services effective? (for example, treatment is effective)

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the care they received. Nine patients commented they had difficulty getting through to the practice on the telephone to make an appointment. However, patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 slightly lower to others in the clinical commissioning group (CCG) for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.

- 86% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

However, patients had confidence and trust in the last GP and nurse they saw:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Are services caring?

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The national e-referral service was used as appropriate to give patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice is Lo-down accredited, which means it aims to support all young people to improve their health and well-being. The practice provides a free and confidential service to all young people and actively welcomes young people to come and talk to staff about any health-related issues they may have, including all aspects of sexual health, smoking, drug, alcohol issues and healthy eating advice.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (0.8% of the practice list). The GP told us the practice was looking at ways to improve the accuracy of the carer's register. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability and those who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under the age of five and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS. The practice would refer patients to a specialist centre within Sheffield if patients required private travel vaccinations.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The practice did not have a lift but staff told us that patients who could not access the stairs would be seen in a room on the ground floor.

Access to the service

The main site and the branch were open with consultations available between 8am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 12 noon. The Sheffield GP collaborative provided cover when the practice was closed on Thursday afternoons.

Pre-bookable appointments could be booked up to several weeks in advance. The next routine GP appointment was seen to be in two weeks' time at the branch site and three weeks' time at the main site.

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

- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

- 57% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Patients told us on the day of the inspection that they experienced difficulty accessing the practice by telephone early mornings to make an appointment. However, they told us they were happy with the care they received once they could access an appointment.

The practice had completed a patient questionnaire in March 2017 to audit telephone access. As a result they had developed an action plan to have more incoming calls answered between 8am and 8.30am. The practice were in the process of reviewing reception staff availability to be able to implement this.

The practice had a system to assess:

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

The receptionist would put home visit requests on the GP's appointment list who would contact the patient to discuss the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that a leaflet was available in reception to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these had been handled in a timely way with

openness and transparency. Actions had been taken as a result to improve the quality of care. From the two complaints we reviewed, there was limited opportunity for staff learning. However, the practice manager told us complaints would be discussed at the full team meeting should there be any lessons to be learned from individual complaints and to review analysis of trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. There had been recent changes within the management team. During the follow up focused visit on 20 February 2017 there was no practice manager in post and no clear strategy was seen with regard to overview and monitoring of processes and systems by the provider. However, at this inspection on 26 April 2017 the provider had reviewed its strategy which reflected the vision and values of the practice. The partners had held meetings to discuss the future vision of the practice and had a clear strategy with oversight and monitoring of systems and processes as a priority. A practice manager had been recruited and a HR consultancy firm appointed to assist with the management of the practice.

The provider had reviewed succession planning for the GPs and currently had a long term locum GP in post. The practice had recently recruited a practice nurse and had appointed a healthcare assistant to start in May 2017. The practice were in the process of recruiting a new receptionist.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the nurses led on chronic disease management reviews.
- Practice specific policies were implemented and were available to all staff. The practice had appointed a specialist HR consultant to assist the practice manager in reviewing and updating these. The policies we looked at during the inspection had been reviewed.
- An understanding of the performance of the practice was maintained. Practice meetings were held regularly. The practice manager had reviewed the frequency of meetings and planned to have monthly clinical meetings and monthly full staff meetings which provided an opportunity for staff to learn about the performance of the practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although there were some shortfalls noted at the inspection in areas such as IPC due to the period between practice managers when the audit had not been reviewed. The practice provided evidence following the inspection that these had been reviewed and updated.
- We did not see evidence from minutes of meetings of a structure that allowed for lessons to be learned and shared following significant events and complaints. However, this was something the practice manager was aware of and told us had recently been added to the full team meetings as a standard agenda item.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice manager told us should there be unexpected or unintended safety incidents the practice would give affected people reasonable support, truthful information and an apology. The partners encouraged a culture of openness and honesty.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, Macmillan nurses and the hospice staff to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of recent meetings were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly. The member of the PPG we spoke with told us members of the PPG planned to attend the practice to speak to patients and gain their views of the service.

- The NHS Friends and Family test, complaints and compliments received.
- 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 focus on continuous learning and improvement at all levels within the practice. The practice had recently appointed a new practice manager and a HR consultancy firm to review the practices' policies and procedures. Training had been arranged where gaps in staff training had been identified and significant events had been added as a standard agenda item to the full team meeting for staff learning and development.