

Dr Rahul Mehrotra

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?

Requires improvement



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 Richmond Road Surgery on 5 December 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However the practice did not have the processes written down within a significant event policy. They have since written a policy and shared it with the commission.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes found it difficult to get through to the practice by telephone, however there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour, however this was not contained within a written procedure.

The areas where the provider must make improvement are:

- Ensure a consistent approach to reviewing patient outcomes which contributes to a programme of continuous quality assurance.

Summary of findings

- Ensure patient satisfaction with the service is monitored and action plans followed up and findings implemented.
- Ensure staff have access to relevant upto date policies and procedures to support them in their role.

The areas where the provider should make improvement are:

- Review how staff record actions taken as a result of current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Continue with the review of telephone access to the practice and establish a solution to improve access for patients.

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. However, the practice did not have the processes written down within a significant event policy. They have since written a policy and shared it with the commission.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or just below average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A clinical audit 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However this did not reflect what patients told us in our discussions with them or results received on the CQC comment cards received

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 easy to understand and accessible.
- 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.

- 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. The practice worked with others in the area to offer appointments with GPs and practice nurses between the hours of 6pm to 10pm on weekdays and 8am to 10pm on weekends.
- Patients told us they often had difficulty getting through to the practice by telephone first thing in the morning. This has also been identified as in the patient survey and was identified as an area for improvement. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was 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 requires improvement for being well-led.

- The practice had a quality statement to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, those some lacked detail or were missing. Meetings were held and governance was a standing item on the agenda.
- Processes to monitor patient outcomes to contribute to a programme of continuous quality assurance were limited. For

Requires improvement



Summary of findings

example, there had only been one clinical audit completed in the last two years. The provider did not have a consistent approach to excepting patients from the quality outcomes framework

- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However this was not written down within a policy.
- The provider sought feedback from staff and patients, however, actions to improve patient satisfaction scores required review. The patient participation group was up until recently active.

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 with enhanced needs.

Good



People with long term conditions

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 2% below the CCG average and comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were lower for some childhood immunisations due to a practice nurse vacancy.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was 8% below the CCG average and 1% below the national average.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable 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.

Good



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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.

Good



Summary of findings

- 94% of patients diagnosed with poor mental health had an agreed care plan in place in the last 12 months, which is above the national average of 88%.
- A counsellor held clinics at the practice offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing below local and national averages. 318 survey forms were distributed and 109 were returned. This represented 3% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 69% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 40% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 9 comment cards from the Darnall surgery and 12 from Richmond Road Surgery. They were positive about the standard of care received. Comments included 'staff care and listen', 'they are compassionate' and 'staff go out of their way to help me'. Two less positive comments reported appointments sometimes overran and access to online appointments would be good.

We spoke with three patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Dr Rahul Mehrotra

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector, a second inspector and a GP specialist adviser.

Background to Dr Rahul Mehrotra

Dr Rahul Mehrotra surgery is located in Darnall Health Centre on the outskirts of Sheffield city centre. The GP has another practice at Richmond Road Surgery in Sheffield, S13 8LZ. Both practices have one patient list and provide services for 3,386 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the most deprived areas in England. The age profile of the practice population is similar to other GP practices in the local area.

The practice has one male GP, a practice nurse, a healthcare assistant, a practice manager and a team of reception and administrative staff.

The surgery is open between 8am 6pm weekdays and closes at noon on Thursday. Telephone calls to the practice during this time are answered at the Richmond Road Surgery. Patients can also book appointments at the Richmond Road Surgery.

Appointments are available with GPs between 9am to 11am Monday, Tuesday, Wednesday and Friday and 3pm to 5pm daily with the exception of Thursday afternoon. Pre-booked appointments with GPs are offered every

Monday evening at the Darnall site from 5.40pm to 7.40pm. Appointments with the practice nurse are available every week day apart from Fridays and with the healthcare assistant every weekday morning.

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. A phlebotomy service with the healthcare assistant is available daily.

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

The practice is located in a purpose built building with all patient facilities on the ground floor. There are a number of parking spaces to the front and rear of the practice and designated disabled parking spaces.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 and 6 December 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurse, practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed communications between staff and patients and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

We also looked at how well services 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

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the reception area at both sites. They would complete the form and then pass to the practice manager for further investigation.
- The incident recording form did not support the recording of notifiable incidents under the duty of candour as there was not a section to record this. (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 this would be reviewed with immediate effect.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told the procedure for storing vaccinations was reviewed following a near miss. The procedure for checking fridge temperatures was reviewed and a second independent thermometer placed in the fridge. We saw learning from the incident was shared with staff at a practice meeting and also at one to one briefings. The practice did not have a significant event policy. The majority of staff had worked at the practice for a number of years and significant events were dealt with by following existing custom and practice rather than having a policy to refer to. A practice specific significant event policy was implemented at the practice and shared with the commission following the inspection.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. We noted the policies were Clinical Commissioning Group specific and the relevant safeguarding teams contact details were displayed in treatment rooms. There was a lead member of staff for safeguarding and all staff we spoke with knew who this was and told us they would not hesitate to report concerns to them. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. The principal GP was trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control checks were undertaken and we saw actions taken in accord with the findings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the reception office containing the local health and safety representatives details.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- A risk assessment had been completed for Legionella to which recommended regular testing was not necessary as there was no water tank on site and only one hot water tap which was not regularly used. (Legionella is a

term for a particular bacterium which can contaminate water systems in buildings). We saw records confirming cleaning staff ran the showers in the toilet, the hot water tap and other outlets used less frequently weekly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A long term locum GP had recently reduced the sessions worked at the practice from eight to three. The practice were currently in the process of recruiting a GP and practice nurse to existing vacancies.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not keep a stock of rectal diazepam medication for patients who may have an epileptic fit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Records of actions taken were documented in the relevant individual patient record rather than kept centrally.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.6% of the total number of points available with 13.4% exception reporting which was 4% above the CCG and national 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). Data from 2015/16 showed:

- Performance for diabetes related indicators was 2% below and comparable to the national average.
- Performance for mental health related indicators was the same as the CCG and the national average.
- A high number of patients with a long term condition and registered at the practice were admitted to hospital as an emergency. The practice was 10% above the CCG average and 12 % above the national average.

Staff told us they currently had a practice nurse vacancy which affected the number of long term condition reviews that could be performed. Staff had also identified inconsistent use of clinical codes on the patient record system, particularly for depression and were reviewing the use of codes used.

The practice process for excepting patients for long term condition review required updating. Staff would except patients if they did not attend for their appointments and this was not always discussed with a GP or practice nurse.

There had been one clinical audit completed in the last two years which was a completed audit where the improvements made were implemented and monitored. For example, recent action taken as a result included reviewing 23 patients taking medicines for gout to ensure they had a blood test to monitor their kidney function. The second cycle of the audit identified 77% had the blood test performed compared to 4% the first time.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- 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, discussion at practice meetings and attendance at local training events.
- 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 and clinical supervision and facilitation and support for revalidating nurses and GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning.
- The GP provided care to 3,386 patients across two sites supported by a part time practice nurse who worked 12

Are services effective?

(for example, treatment is effective)

hours per week, a longstanding GP locum who worked three sessions per week, a healthcare assistant, a practice manager and team of administrative and reception staff. They were currently in the process of recruiting a practice nurse and long term female GP.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example those receiving palliative care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

- A counsellor held clinics offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the Darnall Health and Wellbeing project. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 80%, which was 8% below the CCG average and 1% below the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 94% compared to the CCG average of 86% to 96% and five year olds from 71% to 97% compared to the CCG average of 88% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two less positive comments reported dissatisfaction with members of staff but there were no common themes to these. We spoke with one member of the patient participation group (PPG) and two patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Results from the national GP patient survey showed patients rated the practice lower than others for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 87% 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%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

The practice had also identified lower satisfaction scores with GPs as part of the annual patient survey. GPs had received feedback from the survey and this had been identified as an action for improvement. A long term Locum GP had worked regularly at the practice and had recently reduced the number of sessions they worked and new locum GPs had started working at the practice.

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. This did not reflect results from the national GP patient survey which were below local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 64 patients as carers (2% of the practice list). We saw 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 may contact them to provide 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 worked with others in the area to offer appointments with GPs and practice nurses between the hours of 6pm to 10pm on weekdays and 8am to 10pm on weekends.

- The practice offered pre-bookable appointments with GPs on Monday evening until 7.40pm.
- There were longer appointments available for patients those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required them.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available.

Access to the service

Appointments were available with GPs between 9am to 11am Monday, Tuesday, Wednesday and Friday and 3pm to 5pm daily with the exception of Thursday afternoon. Pre-booked appointments with GPs were offered every Monday evening at the Darnall site from 5.40pm to 7.40pm. Appointments with the practice nurse were available every week day apart from Fridays and with the healthcare assistant every weekday morning.

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. A phlebotomy service with the healthcare assistant was available daily.

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

- 60% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us they often had difficulty getting through to the practice by telephone first thing in the morning. This has also been reported through the patient survey and was identified as an area for improvement. Staff had been reminded of the importance of answering the telephone in a timely manner. No other actions had been identified. People told us on the day of the inspection that they were able to get appointments when they needed them and we observed routine GP appointments were available during the week we inspected the practice. The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the vaccination procedure was reviewed following a complaint to ensure patients received the correct vaccination.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Staff had a clear vision to deliver high quality care and promote good outcomes for patients and a quality statement was displayed at both sites. We asked if the practice had a business plan and were told topics were discussed at practice meetings and not formally captured in an action plan.

Governance arrangements

The practice had an overarching governance framework which partially supported the delivery of 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. However some needed more detail. For example, the recruitment policy consisted of one sheet of A4 paper and did not detail the process fully. It was not clear how applicants would apply for jobs by curriculum vitae or application form. The majority of staff had worked at the practice for a number of years and followed 'custom and practice' in the absence of policies for significant events.
- Staff did not regularly review the performance of the practice. Bi-annual meetings were held to discuss QOF and individual staff followed up areas if they noted patients were not attending for appointments. The practice did not monitor the number of appointments offered to patients, however they did report appointments where patients did not attend.
- There was little evidence staff used patient outcomes to contribute to a programme of continuous quality assurance and make improvements for patients. Staff told us the focus was to provide good care to patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

There was a 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the manager and partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 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. We were told up until recently the PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. However more recently membership was in decline and the group and practice staff were attempting to recruit new members.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

Are services well-led?

Requires improvement



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

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>This was because:</p> <p>Processes to monitor patient outcomes to contribute to a programme of continuous quality assurance was limited. For example, there had only been one clinical audit completed in the last two years. The provider did not have a consistent approach to excepting patients from the quality outcomes framework.</p> <p>The provider action plan as a result of patient feedback was not thorough. For example, actions identified were to feedback to GPs and ask staff to answer the telephone in a timely manner.</p> <p>Some policies and procedures we looked at were incomplete or missing.</p> <p>This was in breach of regulation 17 1 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>