

# Clifton Medical Centre

## Quality Report

Doncaster Gate

Rotherham

S65 1DA

Tel: 0844477362 or 01709 544000

Website: [www.cliftonmedicalcentre.co.uk](http://www.cliftonmedicalcentre.co.uk)

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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?

**Requires improvement**



Are services effective?

**Outstanding**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clifton Medical Centre on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw some areas of outstanding practice:

- Clifton Medical Centre formed and is the centre for is a unique and specialist centre for the management of weight problems with a multidisciplinary

# Summary of findings

approach to reducing and maintaining weight loss. This service was open to all patients in the Rotherham clinical commissioning group (CCG). The RIO service was commissioned by NHS Rotherham as its specialist tier of intervention for adults with weight management problems, as part of the overall NHS Rotherham Healthy Weight Strategy. One of the GPs had a specialist interest in obesity (GPwSI) and a number of the practice staff had received specific training related to this service. A wide range of equipment had been provided to support patients, such as gym equipment. There were positive documented outcomes for patients and financial savings for the NHS. This service has been replicated at several sites around the UK.

- The practice had a dedicated long term conditions (LTC) team led by a GP who had dedicated time for this area of practice. The team also included two nurses with specific training in this area. They had identified the top 5% of patients, just over 600 patients, at the most risk of unplanned hospital admissions using a recognised risk tool. These patients had detailed assessments and care plans which included carer's assessments. Care needs were monitored and reviewed regularly. The practice had good systems in place to monitor patients with long term conditions, for example, the hospital discharge letters were collated with the LTC register. A search was conducted twice a week to check if any patients on the LTC register had been discharged from hospital. Patients told us they were well supported by this team and were called regularly for reviews.
- The practice had developed a safety programme for housebound patients with atrial fibrillation (AF). The practice had made sure that all patients with AF had been assessed for the risk of stroke using a risk tool, had received appropriate medication and had

ensured this decision was regularly reviewed and monitored. They had also ensured all patients with AF who were prescribed warfarin had alert cards issued and families and carers knew what to do in an emergency. The practice had developed a form for recording necessary information when tests used to monitor the effects of warfarin were performed in patients own home using Near Patient Testing systems. This form and its use across Rotherham had been adopted by Rotherham NHS Trust.

- The practice ensured patients had relevant information and were able to be involved in their care. Information leaflets relating to complaints, health checks and smear tests were available in easy to read formats and were available in the practice and on the website. Information about hand hygiene had been translated into a number of languages and displayed close to patient hand hygiene facilities. Information about services available had been provided for children on their 14th birthday and the practice website had specific information relating to issues for young people such as bullying and drugs.

The areas where the practice must make improvements are:

- The practice had not ensured they had obtained all the necessary recruitment checks to ensure the person was of good character prior to employment. For example, the practice had not obtained references for a locum GP and a receptionist.

The areas where the practice should make improvements are:

- Ensure items are stored appropriately to aid effective cleaning of the floors at the branch surgery.

**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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were good systems in place for the management of infection prevention and control.
- Risks to patients were assessed and well managed with the exception of recruitment procedures which must be improved.

**Requires improvement**



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We also saw evidence to confirm that the findings were positively influencing and improving practice and outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

**Outstanding**



We saw some areas of outstanding practice including:

- Clifton Medical Centre formed and is the centre for a unique and specialist service for the management of weight problems.

# Summary of findings

This service was open to all patients in the Rotherham CCG. There were positive documented outcomes for patients and for financial savings for the NHS. This service had been replicated at several sites around the UK.

- The practice had a dedicated long term conditions (LTC) team led by a GP who had dedicated time for this area of practice. The team also included two nurses with specific training in this area. They had identified the top 5% of patients, just over 600 patients, at the most risk of unplanned hospital admissions using a recognised risk tool. These patients had detailed assessments and care plans which included carer's assessments, and care needs were monitored and reviewed regularly. Patients told us they were well supported by this team and were called regularly for reviews.
- The practice had developed a safety programme for housebound patients with atrial fibrillation (AF). The practice had made sure that all patients with AF had been assessed for the risk of a stroke using a risk tool, had received appropriate medication and had ensured this decision was regularly reviewed and monitored. They had also ensured all patients with AF who were prescribed warfarin had alert cards issued and families and carers knew what to do in an emergency. The practice had developed a form for recording necessary information when tests used to monitor the effects of warfarin were performed in patients own home using Near Patient Testing systems. This form and its use across Rotherham had been adopted by Rotherham NHS Trust.

## 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback from patients about their care and treatment was consistently and strongly positive.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

We saw areas of outstanding practice including:

- The practice ensured patients had relevant information and were able to be involved in their care. Information leaflets relating to complaints, health checks and smear tests were

**Good**



# Summary of findings

available in easy to read formats and were available in the practice and on the website. Information about hand hygiene had been translated into a number of languages and displayed close to patient hand hygiene facilities. They had also ensured all patients with AF who were prescribed warfarin had alert cards issued and families and carers knew what to do in an emergency. The practice had developed a form for recording necessary information when tests used to monitor the effects of warfarin were performed in patients own home using Near Patient Testing systems. This form and its use across Rotherham had been adopted by Rotherham NHS Trust.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, some recruitment procedures required improvement.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- The practice had a dedicated long term conditions (LTC) team led by a GP who had dedicated time for this area of practice. The team also included a nurse with specific training in this area.
- They had identified the top 5% of patients, just over 600 patients, at the most risk of unplanned hospital admissions using a recognised risk tool. These patients had detailed assessments and care plans which included carer's assessments. Care needs were monitored and reviewed regularly by the multidisciplinary team. The practice had good systems in place to monitor patients with long term conditions, for example, the hospital discharge letters were collated with the LTC register. A search was conducted twice a week to check if any patients on the LTC register had been discharged from hospital.
- All these patients had a named GP.
- Performance for diabetes related indicators was 83%, which was the same as the CCG average but below the national average of 90%.
- Longer appointments and home visits were available when needed.

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 A&E attendances.

Good





# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- In the last 12 months 73% of patients diagnosed with asthma had received a review of their care, which was the same as the CCG average and 2% below the national average.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence on the day of the inspection to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had ensured young people had access to information about services which was relevant to their needs.

## **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 reflected 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 multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in 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.

We saw areas of outstanding practice including:

- The practice ensured patients had relevant information and were able to be involved in their care. Information leaflets relating to complaints, health checks and smear tests were available in easy to read formats and were available in the practice and on the website. Information about hand hygiene had been developed into a number of languages and were displayed close to patient hand hygiene facilities.

## People experiencing poor mental health (including people with dementia)

- In the last 12 months 94% of patients diagnosed with dementia had received a face to face review of their care, which was 9% above the CCG and national average.
- Performance for mental health related indicators was 100%, which was better than the CCG average of 91% and national average of 93%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health had been advised 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 and had received training in this area.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. 294 survey forms were distributed and 125 were returned. This represented 0.9% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average and national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79% 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 24 comment cards which were all positive about the standard of care received. Patients spoke highly of the practice and included comments which described the service as excellent, superb, first class and very good. They said staff were caring, compassionate, helpful and friendly. They said they felt listened to and were very satisfied with the care and treatment they received. They said they could get an appointment when needed. Patient's also commented positively on the cleanliness of the practice.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they could get an appointment when needed but sometimes had problems getting through on the phone early in the morning.

The NHS England friends and families test results showed 90% of patients would recommend the practice.

# Clifton Medical Centre

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Clifton Medical Centre

Clifton Medical Centre is situated within a purpose built surgery in Rotherham Health Village. There is a branch surgery at Wickersley Health Centre, Poplar Glade, Wickersley, Rotherham, S66 2JQ. We visited the branch surgery as part of this inspection.

The practice provides Personal Medical Services (PMS) for 13,300 patients across the two sites in the NHS Rotherham Clinical Commissioning Group (CCG) area. The practice catchment area has been identified as being one of the third most deprived areas nationally. The age of the practice population mostly reflects the national average but with a slightly higher than average four years and under age group.

There are four GP partners and one salaried GP, four male and one female. There are twelve practice nurses, four of who are independent nurse prescribers, three health care assistants and a phlebotomist who work across the two sites. There is a large administration team led by two practice managers.

The practice is open from 7am to 6pm, Monday to Friday at the Rotherham Health Village site and telephones are open from 8am to 6pm. The branch surgery is open 8am to 5pm, Monday to Friday, and also has a late surgery from 6.30pm to 8pm on a Tuesday.

Out of hours services are provided by Care UK, (the company providing out-of-hours care for NHS Rotherham's patients). Calls are diverted to this service when the practice is closed. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

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

## 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 17 February 2016. During our visit we:

- Spoke with a range of staff including three GP partners, three nurses, eight administration and reception staff and both practice managers.
- We spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We saw from the records that areas for improvement were identified and acted upon.
- We also saw good practice was identified and recorded.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We found from discussions with staff that action had been taken in response to safety alerts but the actions were not always recorded.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, where there had been a lack of clarity within the practice about a safeguarding procedure this was investigated. The investigation had identified local safeguarding procedures were unclear and the practice had raised this with the local Clinical Commissioning Group (CCG). This was also discussed at a practice meeting as a learning exercise. The actions taken in response to incident reports were not formally reviewed to ensure these had been effective; the practice said it would implement this.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three. Significant event records showed the practice took allegations of abuse seriously and responded appropriately. We saw there was good communication across the practice team and with external organisations in relation to safeguarding concerns.

- 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 check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. This nurse had been in this role for 12 months and had reviewed and improved all the IPC systems in place. For example, they had reviewed and improved the contract cleaning schedules. They had also developed and implemented detailed cleaning schedules for each room and piece of equipment to supplement the daily contract cleaning schedules. They had completed two audits and had developed and implemented action plans. We observed the premises at both sites to be clean. However, at the branch site, we saw there were some items, such as boxes, on floors in some of the consulting rooms and in the sluice room which may impact on the effectiveness of the cleaning. This issue had been identified in the audits and we saw evidence the IPC lead nurse had raised this with staff. We also saw evidence they had communicated with staff about other IPC practice issues identified in the audits and from significant events. We saw evidence from IPC audits that the practice had improved across a number of areas, for example, in the management of sharps boxes, which had previously been the subject of significant events. The IPC lead

## Are services safe?

nurse had also ensured staff were informed of and had access to any changes in guidance. For example, they had ensured staff had access to latest IPC guidance from the National Institute for Health and Care Excellence (NICE) for Ebola and Zika infections. The IPC protocol had been also been reviewed and staff had received up to date training. An annual IPC statement had been produced for 2015, this highlighted the extent of the work undertaken and the improvements made over the previous 12 months. The nurse had also commenced monitoring of patient infections, such as clostridium difficile, for patterns and trends. The practice nurse had been innovative in ensuring patients were involved in minimising the spread of infections. They had developed an IPC mission statement which was displayed in the practice and was available on the practice website. They had also produced hand hygiene information in different languages for patients and displayed these close to the hand sanitisers.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role.
- We reviewed four personnel files and found most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service. However, references had not been obtained for a salaried GP and a receptionist.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The person responsible for the management of the building 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 fit for use. We did not identify any issues relating to emergency procedures in the event of a patient collapsing but due to the configuration of the building at the Clifton Medical Centre it is recommended an emergency drill be completed regularly.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 83%, which was the same as the CCG average but below the national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 93%, which was better than the CCG and national average of 84%.
- Performance for mental health related indicators was 100%, which was better than the CCG average 91% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been 21 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved monitoring of patients prescribed dual antiplatelet therapy post myocardial infarction (MI) to ensure their care and treatment reflected NICE guidelines. They had also completed an audit on patients with gestational diabetes looking at women with raised glucose levels in pregnancy to make sure they were regularly monitored and appropriately coded.

The practice had a dedicated long term conditions (LTC) team led by a GP who had dedicated time for this area of practice. The team also included two nurses with specific training in this area. They had identified the top 5% of patients, just over 600 patients, at the most risk of unplanned hospital admissions using a recognised risk tool. These patients had detailed assessments and care plans which included carer's assessments, care needs were monitored and reviewed regularly. The practice had good systems in place to monitor patients with long term conditions, for example, the hospital discharge letters were collated with the LTC register, a search was conducted twice a week to check if any patients on the LTC register had been discharged from hospital so they could be followed up. Patients told us they were well supported by this team and were called regularly for reviews.

The practice had developed a safety programme for housebound patients with atrial fibrillation (AF). The practice had made sure that all patients with AF had been assessed for the risk of stroke using a risk tool, had received appropriate medication and had ensured this decision was regularly reviewed and monitored. They had also ensured all patients with AF who were prescribed warfarin had alert cards issued and families and carers knew what to do in an emergency. The practice had developed a form for recording necessary information when tests used to monitor the effects of warfarin were performed in patients own home using Near Patient Testing systems. This form and its use across Rotherham had been adopted by Rotherham NHS Trust.

There was a named doctor for patients with palliative care needs. The practice had a good relationship with the palliative care team and staff from the local hospice attended the monthly practice palliative care meetings.





# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A nurse told us they had received good support through the practice mentoring programme during their induction and had received training to expand their skills for the role.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke with told us they had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and external and in house training events.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. Some had been developed in easy to read formats
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, they had an arrangement with South Yorkshire Ambulance for frequent callers to be referred back to the practice.

We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Records of meetings showed the practice worked closely with the local hospice and voluntary organisations to meet the needs of their patients.

### Consent to care and treatment

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

- Staff had received training and 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. Information about consent matters was provided in writing to patients when they reached their 14th birthday.
- 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.



# Are services effective?

## (for example, treatment is effective)

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- An alcohol counsellor was available (direct referral) for patients to attend a weekly session at the practice. Patients also had access to a drugs counsellor and support services.
- Clifton Medical Centre had pioneered a comprehensive approach to non-invasive obesity management. They had formed and were the centre for the Rotherham Institute for obesity (RIO) service. This is a unique and specialist service for the management of weight problems with a multidisciplinary approach to reducing and maintaining weight loss. This service was open to all patients in the Rotherham CCG. The RIO service was commissioned by NHS Rotherham as its specialist tier of intervention for adults with weight management problems, as part of the overall NHS Rotherham Healthy Weight Strategy. One of the GPs had a specialist interest in obesity (GPwSI) and provided consultations to consider weight loss strategies including consideration of further interventions such as weight loss surgery for adults. A number of the practice staff had received specific training related to this service and a wide range of equipment had been provided to support patients such as gym equipment. There were positive documented outcomes for patients and financial savings for the NHS. For example, we saw evidence around weight loss, of those referred 93% had lost weight and 66% of those who completed the six month RIO programme achieved or exceeded their weight loss target. 49% of those referred completed their

programmes which was the highest figure of any tier three services in the UK. Also there had been an increasing reduction year on year of over 30 bariatric surgery referrals a year when actual referrals were compared to expected referral rates. This service had been replicated at several sites around the UK.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in easy to read formats 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 80% to 94%.

Flu vaccination rates for the over 65s were 78% and at risk groups 56%. These were slightly above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Easy to read leaflets were available for patients on line and in the practice which provided information relating to the health checks.

# 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 24 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 93% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 91% said the GP gave them enough time (CCG and national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 86% and national average 87%).

Staff told us how they supported local groups in the community through charity work at the practice, they said they had worked as a team and were proud of their achievements. They said they had raised money to provide food for Lighthouse, a local homeless charity, and some of the staff had taken the food to the local hostel on boxing day. They had also raised money for McMillan Cancer Support through the provision of a coffee morning on a Saturday in 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 on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 88 % said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that interpreter 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. Health information was available in different languages.

## Are services caring?

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

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

The practice was working with the patient participation group (PPG) to develop a befriending service for lonely older people.

The practice's computer system alerted staff if a patient was also a carer. Written information and information on the website was available to direct carers to the various

avenues of support available to them. The practice was working towards becoming a dementia friendly practice and some staff had received dementia awareness training. The practice worked closely with the Carers Resilience Service and this service held weekly drop in sessions at the practice where carers could get help support and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/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

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 partners told us they had good working relationships with the CCG and one of the practice managers attended the managers group.

- The practice offered early morning appointments from 7am, Monday to Friday, for working patients who could not attend during normal opening hours at the main site. There was also a late evening surgery from 6.30pm to 8pm on a Tuesday at the branch site.
- The practice had a register of patients with learning disabilities. There was a lead GP for patients with learning disabilities and an active recall system for annual health checks. There were longer appointments available for patients with a learning disability.
- The practice had a primary care team to improve access to psychological therapies (IAPT) based at the practice.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- On line services included appointment booking and a repeat prescription service.
- Easy to read leaflets were available for patients on line and in the practice which provided information relating to the complaints procedure, health checks and cervical smears.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreter services available. There was a lift to patient areas on the first floor.
- The practice provided medical services for a women's refuge.
- The practice was responsive to the needs of young people. For example, it wrote to all patients once they were 14 years of age, advising them about the services offered and how they could access GPs and nurse led minor illness clinics. This letter had been introduced some years ago in response to the introduction of

guidelines about consent and young people. The website gave links to information and advice for young people such as bullying, student health, contraception, sexual health and drugs.

### Access to the Service

The practice was open from 7am to 6pm, Monday to Friday at the Rotherham Health Village site and telephones were open from 8am to 6pm. The branch surgery was open from 8am to 5pm, Monday to Friday, and there was also a late surgery from 6.30pm to 8pm on a Tuesday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone (CCG average of 71% and national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 57 % national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. They said they could get appointments to see a GP of their choice but not necessarily if an urgent appointment was required.

The partners told us they constantly reviewed the appointment systems to ensure this was meeting the needs of the patients and adjusted availability of appointments on the day where necessary.

Some patients told us the only issue with the practice was the time it took sometimes to get through on the telephone. Staff told us that patients sometimes commented on the length of time taken to get through to the practice by phone. The practice had three telephone

# Are services responsive to people's needs?

(for example, to feedback?)

lines on two different systems one a high rate number and the other a standard rate. The high rate line had a queuing system and the others rang as engaged when busy. Staff told us there were enough staff to answer the phones.

## Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system on the practice website and in the practice. The information included how to escalate complaints if people were not satisfied with the response from the practice.
- The complaints procedure was also available in easy to read format.

Information provided by the practice showed it had received seven complaints since April 2015. We looked at three complaints and found these were satisfactorily handled and dealt with in a timely way. Records from minutes showed complaints were discussed with staff and learning points were highlighted.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, recruitment procedures required improvement.

### Leadership and culture

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

The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a small but active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, representatives from the group told us the practice had improved the signage in the practice to assist patients to find their way to surgeries. They had also offered patients the option of being called to the surgery by their patient number rather than name in response to one person's comments. They had also improved the patient information leaflet in respect of the information about the specialties of the GPs and their surgery times.
- The practice had gathered feedback from staff through a staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not



# Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

- There had been 21 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice had pioneered a comprehensive approach to non-invasive obesity management. It had formed and was the centre for Rotherham Institute for obesity (RIO) service. This was a unique and specialist service for the management of weight problems with a multidisciplinary approach to reducing and maintaining weight loss. This service was open to all patients in the Rotherham CCG. The RIO service was commissioned by NHS Rotherham as its specialist tier of intervention for adults with weight management problems, as part of the overall NHS Rotherham Healthy Weight Strategy. One of the GPs had a specialist interest in obesity (GPwSI) and a number of the practice staff had received specific training related to this service. A wide range of equipment had been provided to support patients such

as gym equipment. There were positive documented outcomes for patients and financial savings for the NHS. For example, we saw evidence around weight loss, of those referred 93% had lost weight and 66% of those who completed the six month RIO programme achieved or exceeded their weight loss target. 49% of those referred completed their programmes which was the highest figure of any tier three services in the UK. Also there had been an increasing reduction year on year of over 30 bariatric surgery referrals a year when actual referrals were compared to expected referral rates. This service had been replicated at several sites around the UK.

- The practice had developed a safety programme for housebound patients with atrial fibrillation (AF). The practice had made sure that all patients with AF had been assessed for the risk of stroke using a risk tool, had received appropriate medication and had ensured this decision was regularly reviewed and monitored. They had also ensured all patients with AF who were prescribed warfarin had alert cards issued and families and carers knew what to do in an emergency. The practice had developed a form for recording necessary information when tests used to monitor the effects of warfarin were performed in patients own home using Near Patient Testing systems. This form and its use across Rotherham had been adopted by Rotherham NHS Trust.



This section is primarily information for the provider

## 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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider had not ensured they had obtained all the recruitment checks to ensure the person was of good character prior to employment. For example, references for a salaried GP and a receptionist had not been obtained.</p> <p>19(1)(2)(3)</p>
Family planning services	
Maternity and midwifery services	
Services in slimming clinics	
Surgical procedures	
Treatment of disease, disorder or injury	