

The Flowers Health Centre

Quality Report

87 Wincobank Avenue
Sheffield
S5 6AZ

Tel: 01142567333

Website: www.flowershealthcentre.nhs.uk

Date of inspection visit: 23 March 2016

Date of publication: 17/05/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to The Flowers Health Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Flowers Health Centre on 23 March 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 managed although some shortfalls in relation to recruitment and equipment were identified.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However training was not adequately monitored to ensure staff received updates when due.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients could get same day appointments but they told us they experienced difficulties accessing the practice by telephone and making an appointment with a GP of their choice.
- 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 two areas of outstanding practice:

- The practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting in patient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection

Summary of findings

and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients and ensure patients wishes were respected.

- The practice had reviewed referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism for learning and had continued with this process.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include the necessary employment checks for all staff prior to employment.

The areas where the provider should make improvement are:

- Maintain a record of the actions taken in response to national patient safety alerts.
- Ensure procedures to be followed in the event of a needle stick injury are accessible to all staff at risk.
- Implement systems to ensure staff receive necessary training updates in relation to their role, taking into account relevant guidance such as The Health Protection Agency National Minimum Standards for Immunisation Training 2005.
- Implement systems to ensure equipment used for patient care is cleaned in line with manufacturer's instructions and records are maintained to evidence this.
- Implement systems to ensure emergency equipment is checked and in working order in line with the Resuscitation Council (UK) guidance and maintain records of the checks completed.
- Improve telephone access to the practice 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 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although some role specific training was not up to date.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice mostly in line with 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.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access same day appointments.
- 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, areas such as recruitment, monitoring staff training requirements and care of equipment required improvement.
- 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.

Good



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.
- The practice worked closely with the local care home undertaking weekly visits and regular reviews of medicines. They also visited a local extra care complex weekly.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 94%, which was similar to the CCG average of 90% and national average of 89%.
- 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 A&E attendances.

Good



Summary of findings

- Immunisation rates were comparable to local averages for all standard childhood immunisations. Systems were in place to follow up patients who did not attend and practice nurses visited patients at home where they had not attended for immunisations.
- Performance for asthma care was 80%, significantly below the CCG average of 98% and the national average of 97%. The practice was aware of these figures and had put systems in place to improve care for patients. We were shown performance figures for 2015/16 which indicated an improvement in all areas related to asthma. For example, one of the indicators showed the percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months, had risen from 59% in 2014/15 to 74% in 2015/16.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 92%, which was comparable to the CCG average of 89% and the national average of 82%.
- 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 and health visitors.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good



Summary of findings

- 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.
- 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 one area of outstanding practice. The practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting inpatient admissions to hospital. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients and ensure patients wishes were respected.

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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was 90% which was similar to the CCG average of 94% 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 living 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.

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 in line or slightly below local and national averages. 366 survey forms were distributed and 106 were returned. This represented 2.2% of the practice patient list. Examples included:

- 65% of patients found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%)
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, 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 nine comment cards which were all positive about the standard of care received. Patients told us the staff treated them with kindness and said they could get appointments when they needed them. We received a number of positive comments about the reception staff and patients said they were made to feel welcome. All but one person said the GPs listened to them and were very caring. Patients said the practice was clean and tidy.

We spoke with seven patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. They told us the GPs listened to them and involved them in their care. One person said their condition had been well managed and they had been monitored very closely which had reduced their need for hospital admissions. The patients told us it was easy to make an appointment although one person told us they had found it difficult to make an appointment with a specific person. Some patients said it was difficult, at times, to get through to the practice on the phone. They said the practice was good with children and they were always given a same day appointment.

The Flowers Health Centre

Detailed findings

Our inspection team

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 The Flowers Health Centre

The Flowers Health Centre is situated in a purpose built GP premises completed in November 2012.

The practice provides General Medical Services (GMS) for 4,611 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. The practice is situated in one of the most deprived areas nationally and the practice population has a higher ratio of patients under 30 years of age.

There are two registered GP partners with CQC, one male and one female and an additional female GP partner has commenced the process for registration. There is also one male salaried GP.

There are three practice nurses, a health care assistant and apprentice health care assistant.

There is a small administration team led by the practice manager.

The practice is open at the following times:

Reception - 8.30am to 12.30pm and 1.30pm to 6pm, except Thursdays when the practice is closed in the afternoon.

Surgeries - 9am to 11.30am and 3.30pm to 5.30pm except Thursdays when closed in the afternoon.

The practice uses the Sheffield GP Collaborative out of hour's service from 8am to 8.30am and 6 to 6.30pm when the surgery is closed, outside these times patients access services via the NHS 111 service.

This practice provides training for doctors who wish to become GPs and at the time of the inspection had two doctors undertaking training at the practice.

The practice is registered to provide the following regulated activities; 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 March 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, two nurses, two reception and administration staff and the practice manager.
- We spoke with seven 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 CQC 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 reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. National patient safety alerts were shared with staff as necessary and we were told actions were taken as required. However, a record of the actions taken was not held. Lessons were shared to make sure action was taken to improve safety in the practice. For example, significant events were discussed in meetings and action plans were implemented although the actions had not been reviewed. All the staff we spoke with were aware of events and the actions taken in response to these.

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 systems, processes and practices in place to keep patients safe and safeguarded from abuse, however there were some areas that required improvement:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three.
- A notice in the waiting room, on the website, in the practice leaflet and newsletter advised patients that chaperones were available if required. 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).
- We observed the premises to be clean and tidy. Cleaning schedules and records of cleaning were maintained although they were not in chronological order. 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. There was an infection control protocol in place and available to staff electronically and staff had received up to date training. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) IPC nurse and we saw evidence that action was taken to address any areas for improvement identified as a result. However, there were some shortfalls in the management of IPC in the practice. Procedures to be followed in the event of a needle stick injury could not be located on the electronic systems on the day. Following the inspection we were advised this information was within the Health and Safety document. We observed a copy of the procedure was displayed in the clean utility area but a copy was not displayed in other areas where there may be a risk of accidental needle stick injury. We were told the equipment used for patient care was cleaned between patients and routinely every month. We were told only monthly equipment cleaning records were maintained, however, the records we reviewed had not been completed for the spirometer since June 2015.
- 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. However, we identified the practice was prescribing bulk orders for some medicines for a care home which had reduced waste medicines and was more manageable for the care home. We were told this was arranged with the local CCG medicines

Are services safe?

management team. This may impact on safe medicine administration systems in the care home. This was discussed with the lead GP who said they would review this practice and the information was shared with the CQC inspector for that care home. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found some of the required recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service (DBS). However, there were some shortfalls and inconsistencies in practice and the practice policy and procedure had not been followed in all cases. For example, two references had been obtained for a nurse but these were not signed or dated, only one reference had been obtained for a GP and this was not signed by the person who had provided the reference. We were advised following the inspection two signed references for these staff were held electronically. DBS checks had not been obtained prior to employment and for a nurse and a GP these had not been obtained until some months after employment.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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. We were told Legionella risk assessments and tests were

arranged by the landlord. The practice manager was able to provide evidence of three monthly tests on the water system but they were unaware of any other checks that were required, for example, management of any risks related to the shower. Following the inspection the manager advised us she had put systems in place with the building management team to obtain copy of the tests that were undertaken so she could monitor these. (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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Whilst we did not identify any issues with the equipment, we noted that the equipment was only checked to ensure it was in working order once a month. The Resuscitation Council (UK) guidance states the frequency of checks will depend upon local circumstances but should be at least weekly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 were 92.6% of the total number of points available, with 12.2% exception reporting which was above the local CCG rate of 7%. We looked at some areas related to this and could find no patterns or trends related to this. The lead GP told us they had high rates of non attenders for routine appointments but had put strategies in place to try to improve this. (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 2014/15 showed;

- Performance for diabetes related indicators was 94%, which was similar to the CCG average of 90% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was similar to the CCG and national average of 84%.
- Performance for mental health related indicators was 90% which was similar to the CCG average of 94% and national average of 93%.
- Performance for asthma care was 80%, significantly below the CCG average of 98% and the national average

of 97%. The practice was aware of these figures and had put systems in place to improve care for patients. They had implemented annual reviews during the patient's birthday month; this enabled the GPs and nurses to identify if patients were overdue for a review when the patient visited the practice. They were then able to offer the patient a review during their appointment or prompt them to make a review appointment. We were shown the QOF figures for 2015/16 which indicated an improvement in all QOF areas related to asthma. For example, one of the indicators showed the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, had risen from 59% in 2014/15 to 74% in 2015/16.

Clinical audits demonstrated quality improvement.

- The practice provided evidence of the audits which had been undertaken in the previous 12 months. We looked at two of these in detail and these showed areas for improvement had been identified and action points were agreed, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review .
- Findings were used by the practice to improve services. For example, action had been taken as a result of an audit of patients who had received an asthma review which had identified some inconsistencies between GPs. The actions taken included improving the information provided in the locum pack and in the registrar induction training. They had also completed a referral audit to review referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism for learning and had continued with this process.

Information about patients' outcomes was used to make improvements. For example;

- The practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care

Are services effective?

(for example, treatment is effective)

plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting in patient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients.

- We received positive comments from patients about how their long term conditions were managed. One person said their condition had been well managed and they had been monitored very closely which had reduced their need for hospital admissions. Another told us how the GP, after the consultation and further consideration of their health needs, had contacted them by telephone to discuss more treatment options.

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.
- Nurses told us they were able to access training as required and they said the practice was very supportive in meeting their training needs. One nurse told us they had been able to extend their skills and had attended training such as a diabetes masterclass and a foundation course in asthma in the last 12 months. Another nurse told us they were undertaking the practice nurse induction course at Sheffield University. However, the practice manager could not demonstrate how they ensured role-specific training and updating for nurses. For example, one nurse told us they thought they were due updates in cervical cytology and vaccinations. The manager did not know when training updates for nurses was due and said the senior nurse monitored the nurses training needs. This nurse was not available during the inspection and the manager said they would follow this up with them. Following the inspection, the practice manager informed us one of the nurses had not had an update in immunisations since 2013. They said training was to be provided within seven

days and the nurse would not be administering any vaccines during this period. The Health Protection Agency National Minimum Standards for Immunisation Training 2005 states anyone who immunises or advises on immunisation should receive specific training in immunisation and should attend annual updates. Staff we spoke with, who administered vaccinations, could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to online 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 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. Staff had received 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 in-house and external 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.
- 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

Are services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 92%, which was comparable to the CCG average of 89% and the national average of 82%. However we noted the practice had a 21% exception rating which was higher

than the CCG of 14% and the national average of 6%. We reviewed this during the inspection but could not identify any particular reason for these figures. The lead GP told us they would monitor this and review their systems. The practice demonstrated how they encouraged uptake of the screening programme 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 although data showed uptake was below average in this area.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% and five year olds from 72% to 94%. Staff told us where there was a failure to attend for the immunisation programme the practice nurses would liaise with the health visitors and follow up with a home visit, if necessary, to administer vaccines.

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

The practice told us they had high rates of non-attenders for routine appointments but they had put systems in place such as follow-up letters and text message reminders to try to improve this and ensure patients received the health care they required.

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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly below CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 79% said the GP gave them enough time (CCG and national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96% and national average of 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

All of the CQC patient 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 four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We received positive comments from patients about the care they received. They told us the GPs listened to them, took them seriously and involved them in their care.

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 slightly below local and national averages. For example:

- 82% 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%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 91%).

The practice had initiated a project to improve the care for patients in care homes with advance care plans to ensure that their needs and wishes were respected.

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. The practice had a well-developed

Are services caring?

website with a wide range of information leaflets about health services. The web site had a “translate page” function that translated the information into different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The Alzheimer’s Society were based in the practice once a week, as part of a pilot scheme to improve services, and were available to offer support and advice for patients and carers.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 0.75% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them as appropriate. 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 practice was involved with projects to improve services for patients both at the practice and within the locality. For example, they were involved with a local Prime Ministers Challenge Fund project to improve access to GP out of hours services locally. This enabled patients to access appointments up to 10pm and at weekends. GPs from the practice assisted in staffing this service. They were also involved with improving access to support and advice for patients living with dementia and their carers.

- Home visits were available for older patients and patients who would benefit from these.
- GPs completed weekly visits to the local care home and an extra care housing complex.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice had a lift to the first floor although this floor was not currently used by patients.
- Online appointment booking and prescription services were available.
- The practice had a well-developed website with links to information about the practice and NHS health information. The website had a "translate the page" function which translated the information into different languages.

Access to the service

The practice was open at the following times:

Reception was open 8.30am to 12.30pm and 1.30pm to 6pm, except Thursdays when the practice was closed in the afternoon. Surgeries were 9am to 11.30am and 3.30pm to 5.30pm except Thursdays when the practice was closed.

The practice used the Sheffield GP Collaborative service from 8am to 8.30 am and 6pm to 6.30pm and when the surgery was closed on a Thursday afternoon. Outside these times the patients were directed to NHS 111 service. In

addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations 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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 65% of patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 37% of patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them but said they had difficulty getting through to the practice on the telephone. We observed two patients, during a half hour period in the afternoon, come to the reception desk in person as they had been unable to get through to the practice by telephone. One of these patients wanted to make an appointment for a child and they were offered an urgent same day appointment.

We were told the practice had ten telephone lines and usually two staff answering calls. The practice was aware of the issues relating to telephone access and had tried a number of different methods to improve this, such as a queuing system on the telephone system, although this had not worked correctly and had been withdrawn. The PPG representatives confirmed this had been an ongoing issue and the practice had worked with them to try to resolve this. A survey undertaken by the practice immediately prior to the inspection asked patients about their experience of making an appointment, of the 99 patients who responded, 66% rated this as good or excellent and 7% rated it as poor. Comments indicated that patients had difficulty getting through to the practice by telephone.

Some people we spoke with told us they had difficulty booking advance appointments with a named GP.

Listening and learning from concerns and complaints

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

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. The complaints procedure was available in the practice and on the website. The procedure gave patients information on

how to escalate a complaint if they were not satisfied with the response from the practice. The procedure could be translated into different languages via the website.

The practice had received 10 complaints in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way. Most of the complaints had been received verbally, these were recorded and there was evidence, in the records, lessons were learnt from and action was taken as a result to improve the quality of care. For example, following a complaint, action was taken to improve confidentiality at the reception desk by the provision of music in the waiting room and a barrier to encourage patients to give others privacy at the desk.

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 that 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.
- The majority of practice specific policies were available to all staff. However some of these needed to be fully implemented and followed consistently such as the recruitment procedure.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some of these required improvement and applying consistently such as monitoring staff training requirements and care of equipment.

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 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 an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that the practice stock hearing aid batteries so patients and local residents did not have to travel to the hospital for these. This had been implemented and the service advertised in a local newsletter.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice was involved with a Prime Ministers Challenge fund project in Sheffield to improve access to GP out of hour's services locally.
- It was also involved in two projects with their Federation group to improve access to care and support and advice for patients. The Alzheimer's Society were to hold weekly advice sessions in the practice from 26 May 2016 and a project involving GPs, practice nurses, district nurses and social care was being initiated to improve care to housebound patients.
- The practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting inpatient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients.
- The practice had reviewed referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism for learning and had continued with this process.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed. This was because:</p> <ul style="list-style-type: none">• The recruitment process and the practice policy and procedure had not been adhered to.• The appropriate checks through the Disclosure and Barring Service had not been obtained prior to employment for staff employed since the practice registered with CQC.• References were not signed or dated and only one reference had been obtained for a GP. <p>This was in breach of regulation 19(1)(a)(2)(a)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>