

Dr C P Myers & Dr N R Ravi

Quality Report

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Date of inspection visit: 22 February 2018
Date of publication: This is auto-populated when the report is published

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

Requires improvement



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?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection 24/6.2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people living with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Dr C P Myers & Dr N R Ravi on 22 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen although we found some aspects of risk assessment required improvement.
- When incidents did happen, the practice learned from them and improved their processes although this process was not always effective.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us they received excellent care and treatment. Data showed the practice scored above local and national averages in a national survey for patient satisfaction.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients (for details of the breach please see the requirement notice at the end of this report).
- Ensure recruitment procedures are established and operated effectively (for details of the breach please see the requirement notice at the end of this report).
- The new procedures and records developed by the provider to ensure secure storage and tracking of prescriptions through the practice should be implemented.
- The supply of emergency medicines provided in the practice should be risk assessed.

The areas where the provider should make improvements are:

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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

Dr C P Myers & Dr N R Ravi

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector. The team included a GP specialist adviser.

Background to Dr C P Myers & Dr N R Ravi

The medical services are provided to the local community in the Greasborough area of Rotherham. The building was purpose built in 1978 with parking facilities and disabled access.

The practice provides Personal Medical Services (PMS) for a population of 5,958 patients under a contract with Rotherham Clinical Commissioning Group (CCG). The practice is situated in one of the second most deprived areas nationally. The practice population is made up of a predominately younger and working age population between the ages of 45 and 69 years.

The practice has two GP male partners who are GP trainers, two female and one male salaried GP and a trainee GP. There is also a practice manager, assistant practice manager and administration and reception teams.

The nursing team consists of two practice nurses and a part time healthcare assistant.

This is an established training practice for new GPs. Dr Myers is a senior GP trainer, lead appraiser, member of the Deanery and vice chair of the Local Medical Council (LMC). Dr Ravi is a member of the local Clinical Commissioning Group CCG and the Strategic Clinical Executive (SCE).

The practice is open Monday to Friday from 8am to 6.30pm with extended opening hours on Monday evening until 9pm. Morning surgeries are 'drop in' open access appointments with the afternoon and evening surgeries for pre bookable appointments only. When the practice is closed patients are directed to use the NHS 111 service. Saturday morning appointments are available at one of two hub surgeries in Rotherham, accessible by appointment only through the patients' own GP servi

Are services safe?

Our findings

We rated the practice, and all of the population groups, as Requires Improvement for providing safe services. This was because risk assessments were not always adequate and there were shortfalls in medicines management, staff training and recruitment procedures

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse although some of these required improvement.

- The practice had conducted some safety risk assessments although the fire risk assessment lacked detail and did not cover the practice as a whole. The Safety policies were available to staff however the infection prevention and control (IPC) policy was very basic and did not cover all areas such as procedures in the event of a sharps injury. There were systems in place for staff to receive safety information for the practice as part of their induction and refresher training but the practice could not assure us all staff had completed this training due to lack of record keeping and management oversight.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the recruitment policy and procedure was out of date and had not been followed in relation to obtaining references. The recruitment policy and procedure had last been reviewed in 2012. Following the inspection the

practice provided an updated version of the recruitment policy and procedure. One member of staff had only one written reference on file and a reference had not been obtained from the person's most recent employer to evidence satisfactory conduct in previous employment.

- Staff had access to eLearning systems and clinical staff told us they attended training provided by the local clinical commissioning group (CCG). However, there was a lack of records to evidence all staff had received up-to-date safeguarding and safety training appropriate to their role. Following the inspection the practice provided evidence the majority of staff had attended safeguarding training provided by the CCG. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were some systems to manage infection prevention and control (IPC). The practice was clean, tidy and well maintained and cleaning schedules were in place. There was a very basic practice policy and procedure in place but this did not cover all areas relating to IPC for example, sharps management. The practice had obtained a copy of the CCG policy and procedure dated 2008. They told us they would obtain a more up to date procedure and develop a practice specific policy. An IPC audit of the whole practice had not been completed although individual IPC audits had been completed for some of the rooms and individual room action plans were in place. Action such as replacing some of the flooring in clinical areas had been completed but we noted actions taken were not always recorded on the action plans to enable the practice to monitor progress. IPC training was available on the eLearning package. The two nurses had completed this training but there was a lack of evidence to show all staff had completed IPC training relevant to their role.
- The practice had some systems to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, the fire risk assessment process did not identify all the risks in the practice as a whole as only individual room risk assessments had been completed. For example, steps down to a fire escape had not been identified as a possible risk. The frequency of testing fire safety systems had not been risk assessed and the fire alarm had only been routinely tested on a monthly basis. The emergency lights had only been tested

Are services safe?

annually. Following the inspection the practice informed us they had arranged for the fire officer to visit the practice on 6 March 2018 to review fire safety in the practice. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Clinical staff had attended a sepsis training event and National Institute for Health and Care Excellence (NICE) guidance was displayed throughout the practice.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for handling of medicines although some of these required improvement.

- There were systems in place for managing medicines, medical gases, and emergency medicines and equipment although these were not always effective or adequately implemented.
- We found a limited supply of emergency medicines was provided and provision had not been risk assessed.

- We found shortfalls in systems to ensure stocks of medicines remained within the expiry date. For example, emergency drugs were held in individual boxes in each consulting room. Those emergency medicines we checked were in date and the next review date for checking the medicines had been recorded on the front of each box. However, we observed the review date had been recorded as February 2019 but found some of the drugs were due to expire in October 2018. We found boxes of a vaccine to prevent infection caused by meningococcal bacteria which had expired in the vaccine fridge. One box had expired in July 2017 and four boxes in October 2017. The practice completed a patient search during the inspection and confirmed that no patients had been given the out of date vaccine.
- We found shortfalls in the systems to ensure the cold chain for storing vaccines was maintained. We observed records showed the cold chain had not been maintained at the required two to eight degrees centigrade and the practice was unable to evidence any action taken in response to this. We also observed the temperatures of two separate fridges may have been recorded in the same document although there was a lack of clarity from staff in regards to this and records were not clear as to which fridge the records were for. The practice had a cold chain policy and this had not been followed in regards to staff reporting cold chain failures. We reported our findings to Public Health England screening and immunisations team and requested the practice also report the issues to this team and gain advice on action required. Following the inspection the practice confirmed they had reported the incidents as requested and provided information as to the actions being taken in response to the cold chain incidents and to minimise risk.
- The practice did not keep prescription stationery securely and did not monitor its use as per NHS Protect guidance. The practice had identified the issues relating to this just prior to the inspection and had developed new recording systems and identified measures required in respect of secure storage but these had not been implemented. The practice assured us these would be implemented immediately following the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There

Are services safe?

was evidence of actions taken to support good antimicrobial stewardship. Systems had been developed to support vulnerable patients to obtain repeat prescriptions without the need for them to contact the surgery. Practice staff maintained a list of vulnerable patients and contacted each patient as repeat prescriptions were due to arrange for the medicines to be ordered as required.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record but some systems in place required review.

- There were some risk assessments in relation to safety issues.
- The practice had some systems to monitor and review activity. This helped it to understand risks that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong although this process was not always effective in ensuring improvements were not always implemented and maintained.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, we noted there had been recent incidents relating to out of date vaccines and fridge temperatures and records showed these had been investigated and discussed and processes to minimise risk had been implemented. However, on the day of the inspection we found out of date vaccines with an expiry date before the recorded incident occurred and records for fridge temperatures which showed fridge temperatures had been out of range for a long period also dating prior to the incident. These issues had not been identified as part of the incident investigations and had not been reported or acted upon.
- There was a system for receiving and acting on safety alerts. There was some evidence the practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical well-being.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- One of the GP partners provided an acupuncture service. This was well received by patients. A survey of patients who used the service showed high levels of satisfaction. Of the 12 people who completed the survey 10 said they had found the acupuncture more effective than other treatment and nine said they had been able to reduce the amount of medication, such as pain relief, they required since having acupuncture. Comments showed patients well-being had also improved.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and were supported by an appropriate care plan. 251 health checks had been carried out in the last 12 months for this group of patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided services to a local care home through the CCG Local Enhanced Services scheme although the practice told us they had also provided this service prior to this scheme being funded. As part of this service the GP provided weekly visits to the home and

met monthly with the home manager and lead nurse to discuss care requirements. These patients care needs were also discussed at the practice multidisciplinary meeting. Comprehensive minutes of these meetings were held.

People with long-term conditions:

- The practice participated in the CCG Long Term Conditions Case Management Local enhanced service. The practice told us at the end of January 2017 a total of 235 active care plans were in place for these patients, of these, 104 patients were aged between 18 and 75.
- The practice had a number of patients with chronic obstructive airways disease. The practice put flare-up plans in place where anticipatory medication was prescribed. Practice nurses liaised with Breathing Space Respiratory and Rehabilitation Unit for patients either under their care or shared care with the practice.
- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. A monthly Multidisciplinary Team meeting was held at the practice with Social services, Rotherham Social Prescribing Team, District Nursing and the Community Nurse. We observed minutes of these meetings were taken and actions plans recorded.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% except in one area where the percentage of children aged 2 with pneumococcal conjugate booster vaccine was only 63.5%. We discussed these results with the practice and were told they would investigate the reasons for this.
- The practice had arrangements to identify and review the treatment of newly pregnant women on longterm medicines.

Working age people (including those recently retired and students):

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice told us they had provided this vaccine to 16 patients in the last 12 months.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. 201 health checks had been carried out in the last 12 months for this group of patients.
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is just below the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 89%; (CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 94%; (CCG 96%; national 95%).
- The practice hosted counselling services provided by Rotherham, Doncaster and South Humberside (RDASH) NHS Trust staff. Patients presenting with depression and/or anxiety or identified with mental health issues during consultations are assessed and, if appropriate, referred to this service. If not appropriate for the in-house counselling service patients were referred to secondary services after a cognitive impairment assessment and blood tests had been completed.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice kept a register of vulnerable patients. The reception team had developed a process to monitor those who required repeat prescriptions and had put systems in place to assist these patients obtain their prescriptions. A member of the reception team reviewed their prescription needs weekly and contacted the patients individually to confirm their prescription requirements and to ensure these were ordered for them.
- The practice held a weekly shared care clinic for patients requiring care and treatment for drugs misuse, present at this clinic is a GP and drugs misuse advisor. The practice also hosted a weekly clinic held by an alcohol misuse advisor.
- The practice provided care at local care home for patients with a learning disability and met monthly with the patient's consultant to discuss care needs.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below to the national average of 84%.

- Clinicians performed dementia screening for all at risk patients during consultations, as part of long term condition reviews and over 75 assessments. Clinicians had been trained in the use of the Montreal Cognitive Assessment (MoCA), a test which helps health professionals determine whether a person has abnormal cognitive function and possible need for a more thorough assessment for Alzheimer's disease. Patients were referred for further assessment where the test indicated this was required and to support services. Care and treatment was initiated in the practice and these patients were reviewed quarterly.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 9% compared with a

Are services effective?

(for example, treatment is effective)

national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Whilst most of the indicators for diabetes care were comparable to the CCG and national average the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was below the CCG and national average. (Practice 56%, CCG 74% and national 78%). Combined, diabetes and hypertension represent a significant risk factor for the development of cardio-vascular events. We discussed the results with the practice; they were aware of the results and monitored these closely as they had identified patient compliance with care and treatment was an issue for the practice. The practice was able to show us the current position for 2017/18 and we observed from the data provided that at the time of the inspection the percentage of patients receiving this intervention had increased to 62.7%.
- The practice used information about care and treatment to make improvements. There was a programme of clinical audit in the practice and 13 clinical audits had been completed in the last 12 months. For example, the practice had conducted an audit to review prescribing in the practice for inhaler treatment for patients with chronic obstructive pulmonary disease (COPD) as recommended in clinical guidance. They had identified 12 patients from a total of 229 patients with COPD who required a review of their inhaler treatment. Clinical staff were updated about the guidance and patients were invited for review of their medicines. A second audit conducted after three months showed all but one patient had been reviewed. Inhaler treatment had been updated in line with guidance in all but two cases where treatment had been prescribed by the Respiratory team or was the patients' choice. A prompt had been put on the remaining patients records for a review to be completed.
- The practice was actively involved in quality improvement activity. The practice completed quality audits of the services provided. For example, minor surgery, long-acting reversible contraception (LARC) and acupuncture services had been audited. The practice

had made improvements as necessary such as extending the written consent process to fitting of contraceptive devices. We saw in meeting minutes that the practice actively monitored their progress towards quality framework targets and had identified areas for improvement. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them.
- Staff were encouraged and given opportunities to develop and were provided with an extensive eLearning programme.
- Records of skills, qualifications and training were maintained. However, we found records were not up to date and there was a lack of management oversight and monitoring to ensure staff had completed all the required training. The practice management team had identified there were shortfalls in this area and we observed they were in the process of developing a practice training overview record to assist them to monitor this. Following the inspection the practice provided a mandatory training check list which would also be completed for all staff to assist them to monitor training.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, we found records had not been fully completed to evidence the induction training staff had completed.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- **Helping patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately and had extended the written consent process to include fitting of contraceptive devices.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced with many describing the care they received as excellent. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 239 surveys were sent out and 108 were returned. This represented about 1.9% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG and national average 96%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 87%; national average 86%.
- 99% of patients who responded said the nurse was good at listening to them; (CCG) and national average 91%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 90%; national average 91%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The new patient leaflet explained the accessible information standard and encouraged patients to advise them of any support they may require in this area.
- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids such as a hearing loop was available.
- The practice website had a translate function to enable patients to access information about the practice in different languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, for example, at new patient registrations and checks. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 452 patients as carers including 18 young carers (8.6% of the practice list). The practice hosted a monthly drop-in session in the waiting room by voluntary groups to offer advice and information on support available in the community.

Staff told us that if families had experienced bereavement, their usual GP contacted them and visited family or carers at a flexible time and location to meet the family's needs. The practice had developed an information leaflet for bereaved patients which gave information and advice such as registering a death and how to find a support service.

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 above local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.

Are services caring?

- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 83%; national average 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 89%; national average 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 87%; national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, they provided extended opening hours, daily open access appointments, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had developed a system to support vulnerable patients in ordering their repeat prescriptions in which the practice monitored their needs and contacted the patients and ordered their medicines on their behalf.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with longterm conditions:

- Patients with a longterm condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held monthly meetings with the local district nursing team, social services and Rotherham social prescribing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- A new mum pack was sent to the patients address with advice on various items including congratulations on having your baby, contraception after having baby, registering your baby at the practice, and times of baby clinic, six week baby check and maternal post-natal. The practice hosted a weekly ante-natal clinic held by the midwife.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and open access appointments.
- GPs and nurses offered telephone consultations where appropriate and triage for advice and investigation results for patients unable to attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice displayed a hand sticker on the outside windows to indicate it was part of the "Safe in Rotherham" scheme. This was the sign to identify the surgery would help vulnerable adults if they felt threatened or in any danger when they were out and about in Rotherham.

Are services responsive to people's needs?

(for example, to feedback?)

- A weekly clinic for Drugs Misuse Shared Care patients was held at the practice with a GP and Drugs Advisor. The practice also hosted a weekly alcohol advisor clinic for any patient referred by a clinician.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted counselling services provided by Rotherham, Doncaster and South Humberside (RDASH) NHS Trust staff.
- Clinicians performed dementia screening for all at risk patients during consultations. Clinicians had been trained in the use of The Montreal Cognitive Assessment (MoCA), a test which helps health professionals determine whether a person has abnormal cognitive function.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, the practice offered a varied range of GP routine appointments between 8am and 11am and 4pm and 6pm also one late night a week 6.30pm until 9.15pm for patients who worked late. The practice also offered walk-in open access appointments 8am until 10.30am every morning, Monday to Friday, for patients who were ill on the day.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 94% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 72%.
- 95% of patients who responded said they could get through easily to the practice by phone; CCG 72%; national average 71%.
- 88% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 75%; national average 76%.
- 90% of patients who responded described their experience of making an appointment as good; CCG 71%; national average 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year, one written and two verbal.
- We reviewed the complaints and found that they were satisfactorily handled in a timely way. Although verbal complaints had been investigated there was an inconsistent approach to recording the complaint and outcomes.
- The practice learned lessons from individual concerns and complaints and shared the learning with staff. For example, a verbal complaint had been discussed in a clinical meeting and staff had been informed about the issues relating to disturbing GPs undertaking open access clinics and how to manage this in future. A reflective significant event template had been completed by the complaints lead GP to consolidate learning.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as Requires Improvement for providing a well led service. This was because and there was a lack of management monitoring and oversight to ensure effectiveness in risk management, medicines management, staff training and recruitment.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management although some areas required improvement.

- Structures, processes and systems to support governance and management were in place but were not always effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had policies, procedures and activities for safety although some of these required updating and there was a lack of management monitoring to ensure these were implemented consistently and effectively.

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

There were some processes for managing risks, issues and performance although some of these required review and there was a lack of management monitoring to ensure these were operating as intended.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However not all risk assessments had been fully completed and action plans had not been monitored to ensure all actions had been completed.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had provided training for staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice took account of internal and external survey information and involved patients in decisions about the practice.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and staff were given opportunities to develop. For example, the health care assistant had training for the role having initially started as a receptionist and had continued to develop her role by undertaking training to assist in the assessment of patients cognitive function. There was also evidence of reflective practice in relation to significant events and complaints and learning was shared. A programme of audits was undertaken to monitor if the care and treatment provided was meeting good practice guidelines. Learning from the audits was shared with the clinical team.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>Assessments of the risks and actions to mitigate risk to the health and safety of service users of receiving care or treatment were not being adequately carried out. In particular:</p> <ul style="list-style-type: none">• The fire risk assessment had not identified all associated risks and did not include risk assessment of the building as a whole and the required frequency of testing fire safety systems.• There was a lack of records to evidence all staff had received up-to-date safety training appropriate to their role <p>Some systems were not adequate to ensure proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There were shortfalls in systems to ensure stocks of medicines remained within the expiry date and we found boxes of a vaccine to prevent infection caused by meningococcal bacteria which had expired.• The cold chain for storing vaccines had not been maintained in line with recommended parameters and action had not been taken in response to this in line with the practice cold chain policy. <p>The systems to prevent, detect and control the spread of, infections, including those that are health care associated were not adequate. In particular:</p> <ul style="list-style-type: none">• The infection prevention and control (IPC) policy did not cover all required areas such as procedures in the event of a sharps injury.

This section is primarily information for the provider

Requirement notices

- The IPC audit did not cover the whole practice. Action taken in response to identified shortfalls was not always recorded on the action plans to enable the practice to monitor progress.
- There was a lack of evidence to show all staff had completed IPC training relevant to their role.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- The practice policy and procedure had not always been followed in that one member of staff had only one written reference on file and a reference had not been obtained from the person's most recent employer to evidence satisfactory conduct in previous employment.

The registered person's recruitment procedures had not been established and operated effectively. In particular:

- The practice recruitment policy and procedure had not always been followed and had not been regularly reviewed and updated.

Regulation 19(1)&(2)