The Matthews Practice Belgrave

Quality Report

Belgrave Medical Centre
22 Asline Road
Sheffield
S2 4UJ
Tel: 0114 2554 498
Website: www.thematthewspractice.co.uk

Date of inspection visit: 6 June 2017
Date of publication: 14/08/2017

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	Inadequate
Are services safe?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

Detailed findings from this inspection

Our inspection team 6

Background to The Matthews Practice Belgrave 6

Why we carried out this inspection 6

How we carried out this inspection 6

Detailed findings 8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Matthews Practice Belgrave on 1 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for 'The Matthews Practice Belgrave' on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 June 2017 to follow up the earlier inspection on 1 November 2016.

Breaches of legal requirements were found in relation the governance arrangements in the practice and for providing safe care and treatment. We issued the practice with warning notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance. During our November 2016 inspection we found that the provider did not have effective governance processes and systems to provide safe care and treatment to patients.

We undertook this focused inspection on 6 June 2017 to check that the practice had addressed the issues in the warning notices and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

At the inspection, we found that the requirements of the warning notices had been met.

Our key findings across the areas we inspected for this focused inspection were as follows:

- The provider had reviewed the system for reporting and recording significant events and implemented a significant event policy. Staff were aware of the new process and 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 provider had reviewed arrangements for safeguarding to reflect relevant legislation and local requirements. The lead member of staff for safeguarding had appropriate permissions within the patient records system to access safeguarding alerts and staff had undertaken safeguarding training updates relevant to their role.
- The provider had reviewed the cleanliness and hygiene arrangements at the White Lane branch surgery since our last inspection. We observed the premises to be clean and tidy. There were cleaning

Summary of findings

schedules and monitoring systems in place. Cleaning equipment and substances hazardous to health were now appropriately stored. Action had been taken to refurbish parts of the premises.

- An annual infection prevention and control audit had been undertaken at both sites and action taken in accord with the findings.
- The provider had reviewed their procedures for assessing, monitoring and managing risks to patient and staff safety. A fire risk assessment had been undertaken at both sites and fire evacuation drills had been completed.
- The GP locum pack had been updated to include relevant information they may need.
- The provider had reviewed the overarching governance framework to support safe care and treatment and provide good quality care. Staff told us this was in the process of being rolled out across the two sites.
- The GPs, pharmacist and clinical staff had reviewed the audits undertaken and developed a new plan to monitor outcomes for patients and to make improvements.
- Two full practice meetings had been held since our last inspection which provided an opportunity for staff to learn about the performance of the practice. A new meeting structure had been recently implemented where a staff representatives from each group would attend a monthly meeting with the practice manager.

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?

Inadequate

The provider is rated as inadequate for providing safe services.

- The provider had reviewed the system for reporting and recording significant events and implemented a significant event policy. Staff were aware of the new process and 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 provider had reviewed arrangements for safeguarding to reflect relevant legislation and local requirements. The lead member of staff for safeguarding had appropriate permissions within the patient records system to access safeguarding alerts and staff had undertaken safeguarding training updates relevant to their role.
- The provider had reviewed the cleanliness and hygiene arrangements at the White Lane branch surgery since our last inspection. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning equipment and substances hazardous to health were now appropriately stored.
- An annual infection prevention and control audit had been undertaken at both sites and action taken in accord with the findings.
- The provider had reviewed their procedures for assessing, monitoring and managing risks to patient and staff safety. A fire risk assessment had been undertaken at both sites and fire evacuation drills had been completed.
- The GP locum pack had been updated to include relevant information they may need.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services.

- The provider had reviewed the overarching governance framework to support safe care and treatment and provide good quality care. Staff told us this was in the process of being rolled out across the two sites.
- The GPs, pharmacist and clinical staff had reviewed the audits undertaken and developed a new plan to monitor outcomes for patients and to make improvements.
- Two full practice meetings had been held since our last inspection which provided an opportunity for staff to learn

Summary of findings

about the performance of the practice. A new meeting structure had been recently implemented where a staff representatives from each group would attend a monthly meeting with the practice manager.

The Matthews Practice Belgrave

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a CQC inspector.

Background to The Matthews Practice Belgrave

The Matthews Practice Belgrave is located near to Sheffield city centre. It has a branch surgery at White Lane in Gleadless on the outskirts of Sheffield. The practice provides services for 9,515 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the area.

The practice has two male GP partners, a long term male locum GP and regular locum GPs. They are supported by a nurse prescriber, two practice nurses, three healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice is open between and Monday 8am to 6pm Monday to Friday. Between the hours of 12.30pm to 2.30pm telephone calls to both sites are answered by the out-of-hours service. Appointments are available from 8am to 10.30am every morning and from 3pm to 5.30pm with GPs daily at both sites. Extended hours appointments are offered from 7am with the practice nurse and healthcare assistant daily. Pre-booked appointments are available with a GP on Saturday morning. Patients had access to the services provided through the Prime Ministers Challenge Fund to hub sites across the City up until 10pm during evenings and weekends. A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Both premises are owned by the partners. The White Lane site is a converted residential property with two parking spaces to the front of the building. All patient facilities are on the ground floor. The Matthews Practice Belgrave is a purpose built building with all patient facilities on the ground floor and a minor surgery suite at one end of the practice. There is a large car park to the side and back of the practice.

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

Why we carried out this inspection

The practice was previously inspected on 1 November 2016 when it was rated as inadequate for providing safe, effective and well-led services and was placed into special measures for a period of six months.

We issued two warning notices to the provider in respect of safe care and treatment and good governance and informed them that they must become compliant with the regulations by 24 March 2017.

Detailed findings

We undertook this focused inspection on 6 June 2017 to check that the practice had addressed the issues in the warning notices and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

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 also reviewed the practice action report submitted to us on 16 March 2016. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse and reception staff) and spoke with patients who used the service.
- Visited the White Lane Branch Surgery.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?
- Is it well-led?

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 1 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate, only GPs were reporting incidents, not all staff attended safeguarding updates and the locum GP pack lacked specific practice information to assist them in their work.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017. This report only covers our findings in relation to those requirements and will not change the ratings.

Safe track record and learning

The provider had reviewed the system for reporting and recording significant events and implemented a significant event policy. Staff were aware of the new process and 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). In addition to this a book had been introduced at both main the site and branch surgery for staff to record 'minor' events which was reviewed weekly by the practice manager. This was introduced to encourage staff to report 'minor' issues that they had previously tended to resolve there and then and not report.

From the sample of recently reported incidents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events and shared learning with staff who did not attend the meetings through an email briefing.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving review of test results the practice reviewed the process to ensure they were dealt with in a timely manner and staff appraised of the procedural update.

Overview of safety systems and processes

The practice had reviewed and updated the processes and procedures to minimise risks to patient safety.

- The provider had reviewed arrangements for safeguarding to reflect relevant legislation and local requirements. Policies were accessible to all staff and 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 who had appropriate permissions within the patient records system to access safeguarding alerts.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received refresher training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

The provider had reviewed the cleanliness and hygiene arrangements at the White Lane branch surgery since our last inspection.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning equipment and substances hazardous to health were now appropriately stored.
- The healthcare assistant and practice manager were appointed as the infection prevention and control (IPC) leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An annual IPC audit had been undertaken in December 2016 at the main surgery and the branch surgery and we saw evidence that action was taken to address any improvements identified as a result at the branch surgery. For example the man hole cover in the treatment room had been refashioned with appropriate edging. In addition a risk assessment had been completed of the treatment room with the manhole cover to identify what the room could be used for. The reception counter had been sanded down and re-varnished so it was easily cleaned. The stair carpet had been replaced. A new sink had been installed and the walls tiled in the staff toilet.

Inadequate

Are services safe?

- The provider employed locum GPs directly and there were systems in place to check whether they met requirements such as having current professional indemnity, registration with the appropriate professional body, DBS checks and were on the GP Performers' list. (The Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training and have passed other relevant checks such as with the Disclosure and Barring Service). The GP locum pack had been updated to provide more specific practice information including the contact details for the practice safeguarding lead. The two partners and long term locum GP provided an on call system during normal working hours to be a point of contact if the locum GPs had any queries or concerns.

Monitoring risks to patients

The provider had reviewed their procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- A fire risk assessment of both premises had been completed on 24 May 2017 and a fire drill had been carried out. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

The GP locum pack had been updated and included information such as the safeguarding leads contact details and other relevant telephone numbers.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 1 November 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 6 June 2017. This report only covers our findings in relation to those requirements and will not change the ratings.

Governance arrangements

The provider had reviewed the overarching governance framework to support safe care and treatment and provide good quality care. Staff told us this was in the process of being rolled out across the two sites.

- The staffing structure had been reviewed and GPs and nurses had lead roles in key areas. For example, a GP was responsible for clinical governance and a healthcare assistant, with support from the practice manager had infection prevention and control lead responsibilities.
- Practice specific policies had been implemented and were in the process of being cascaded to staff. For example, a clinical governance policy and the complaints policy had been updated.
- Two full practice meetings had been held since our last inspection which provided an opportunity for staff to learn about the performance of the practice. A new meeting structure had been recently implemented where a staff representatives from each group would attend a monthly meeting with the practice manager.
- The GPs, pharmacist and clinical staff had reviewed the audits undertaken and developed a new plan to monitor outcomes for patients and to make improvements.
- A new meetings structure had recently been introduced to allow for lessons to be learned and shared following significant events and complaints. Learning from such events was also cascaded to all staff, including locum GPs, by email.

Leadership and culture

On the day of the focused inspection the partners told us how they had reviewed the business objectives to provide safe, quality and compassionate care. A new GP partner was in the process of joining the practice.

Since our last inspection the practice had seen a number of staff leave, particularly salaried GPs. As a consequence of this the practice relied heavily on locum GPs to fill the rota shortfalls. Two locum GPs had signed up to provide regular weekly sessions over a three month period. The practice manager told us they continued with recruitment campaigns to fill the vacant roles and the challenge of GP recruitment was not just practice specific but across the Clinical Commissioning Group. A pharmacist had been employed to review patients taking more than four medications and they were exploring the possibility of recruiting other health professional roles.

Staff we spoke with told us the leadership structure had been reviewed and the culture was gradually changing. More recently they had the opportunity to raise any issues and felt confident and supported in doing so. The partners had encouraged all members of staff to identify opportunities to improve the service delivered by the practice.