

Sherwood House Medical Practice

Quality Report

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Date of inspection visit: 6 June 2017
Date of publication: 01/08/2017

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

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Sherwood House Medical Practice on 22 September 2015. The overall rating for the practice was good but rated as requires improvement for services being well-led.

The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for Sherwood House Medical Practice on our website at www.cqc.org.uk.

On 6 June 2017 we carried out a desk-based focus review to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 September 2015. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- Staff responsibilities and details of line management were clear. Arrangements and responsibilities for identifying, recording and managing risks within the service were clearly described.

- Policies were kept up-to-date and shared with staff.
- There were systems for monitoring staff appraisal and training requirements.
- There were systems to ensure the effective running of the service, including management of incidents and significant events, infection control requirements and arrangements, records of staff immunisations, and arrangements for monitoring and carrying out staff training and appraisals.
- There were sufficient arrangements to manage risks relating to the premises including electrical installation checks, the control of substances hazardous to health, cleaning of curtains and carpets, fire safety, and Legionella.
- The practice had sufficient systems for managing emergency equipment and emergency medicines.

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

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 well-led?

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

- The practice had a management model which clearly set out staff responsibilities and details of line management. Arrangements and responsibilities for identifying, recording and managing risks within the service were clearly described and we saw evidence this was shared with staff.
- Policies were kept up-to-date and shared with staff. There was a process for continuous monitoring of all policies and procedures which included review dates.
- Staff appraisal and training requirements were monitored, and there were training schedules for all staff.
- Systems were in place to promote effective running of the service including management of incidents and significant events, infection control requirements and arrangements, records of staff immunisations, and arrangements for monitoring and carrying out staff training and appraisals.
- There were sufficient arrangements to manage risks relating to the premises including electrical installation checks, the control of substances hazardous to health, cleaning of curtains and carpets, and Legionella checks. There was a documented fire test procedure which included scheduled fire drills.
- The practice had sufficient systems for managing emergency equipment and emergency medicines.

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

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 22 September 2015, we rated the practice as good for this population group. We did not review any evidence during our desk based review to alter this rating.

Good



Sherwood House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based follow up review was carried out by a CQC Inspector.

Background to Sherwood House Medical Practice

Sherwood House Medical Practice is located in a purpose-built health centre situated in the Edgbaston area of Birmingham, and is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). The practice has a list size of approximately 12,500 patients, and the practice catchment area is ethnically diverse.

The practice has five GP partners (three male and two female) and two salaried GPs, two practice nurses, a healthcare assistant, and a phlebotomist (a healthcare professional trained to take blood from patients). The clinical staff are supported by a practice co-ordinator, a senior administrator, and a team of administrative and reception staff.

The practice is open 8am to 6.30pm on Monday to Friday, with extended opening hours on Monday and Tuesday from 6.30pm to 8pm.

The practice does not provide out of hours services. Information for out of hours GP services (which are provided by Primecare) is provided for patients at the

practice premises and on the practice website. Patients can access out of hours services by telephoning the practice number, whereby they are given further information and the telephone number for out of hours services.

The practice has a patient participation group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Why we carried out this inspection

We undertook a comprehensive inspection of Sherwood House Medical Practice on 22 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for services being well-led. The full comprehensive report following the inspection in September 2015 can be found by selecting the 'all reports' link for Sherwood House Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up, desk based focused review of Sherwood House Medical Practice on 6 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

When carrying out the desk based focused inspection of Sherwood House Medical Practice we reviewed evidence to

confirm that the practice had effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and was able to demonstrate effective systems and policies in place for the running of the service.

Are services well-led?

Good 

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

Our findings

Following our previous inspection on 22 September 2015, we rated the practice as requires improvement for services being well-led. This was because:

- It was not always evident where staff responsibilities lay. This led to weaknesses in the arrangements for identifying, recording and managing risks within the service.
- Not all policies were dated to show when they were last reviewed, and to ensure staff were using the most up to date information.
- Systems for monitoring staff appraisals and training were not sufficient to ensure these were kept up to date.

Some routine systems and policies involved in running the service were not sufficient, including:

- Record keeping relating to incidents, staff immunity, staff training and appraisals.
- Management of risks relating to the premises including electrical installation, the control of substances hazardous to health, cleaning of curtains and carpets, and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Management of risks relating to fire safety.
- Management of risks relating to the absence of emergency equipment.

The follow up inspection showed that improvements had been made:

Governance arrangements

- The practice provided details of their management model, which clearly set out staff responsibilities and details of line management. We saw evidence this had been shared with staff as part of practice meetings. The practice had recruited a senior administrator who supported the work of the practice co-ordinator in managing the practice. Arrangements and responsibilities for identifying, recording and managing risks within the service were clearly described. We saw evidence of a system for reviewing and analysing incidents and significant events.

- We saw evidence of how policies were kept up-to-date and shared with staff in electronic and hard copy form. The practice had a checklist for continuous monitoring of all policies and procedures which included review dates. Dates of policies were recorded on electronic versions of policies, and on cover sheets for hard copy policies.
- The practice had implemented a compliance management software package which included a calendar to monitor staff appraisals and training, including an alerts facility when these were due. We saw examples to confirm this. We saw evidence of an electronic training schedule for staff which included training required and completed. Staff told us this was reviewed as part of annual appraisals for all staff.

Leadership, openness and transparency

We saw that sufficient systems were in place to promote effective running of the service, including:

- The practice used a compliance management software package to monitor and ensure compliance with record keeping requirements. This included management of incidents and significant events, infection control requirements and arrangements, records of staff immunisations, and arrangements for monitoring and carrying out staff training and appraisals. We saw examples to confirm this was implemented and monitored.
- There were sufficient arrangements to manage risks relating to the premises. This included electrical installation checks, the control of substances hazardous to health, and cleaning of curtains and carpets. We saw the practice had a contract with a cleaning company to clean the carpets, and there was a rota in place as part of infection control arrangements for curtain cleaning. The practice had a Legionella management policy which had been reviewed in February 2017 and this set out requirements including risk management, recording and reporting, and staff responsibilities. We saw details of the practice's arrangements with a specialist company appointed to carry out Legionella checks. There was a record of when previous Legionella checks had been carried out and when future checks were scheduled.

Are services well-led?

Good 

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

- The practice had a documented fire test procedure which included scheduled fire drills until 2020. The most recent fire drill had been carried out in April 2017. We saw documents to confirm this.
- The practice had policies and risk assessments in place for managing emergency equipment and emergency

medicines and we saw evidence of these. Staff had carried out checks relating to emergency equipment and medicines and these had been documented. We saw examples to confirm this.