

# Primary Care Sheffield Limited

## Richmond Medical Centre

### Inspection report






462 Richmond Road  
Sheffield  
S13 8NA  
Tel: 01142 364500  
Website: none

Date of inspection visit: 5 April 2019  
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#### Ratings

#### Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

#### Overall summary

##### **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Richmond Medical Centre as part of our inspection programme of a new provider registration for the service. This was the first rated inspection for the service that was registered with CQC in August 2017.

The service provided non scalpel vasectomies for the purpose of sterilisation under local anaesthetic only.

The registered provider for the service was Primary Care Sheffield Limited who were contracted by the Sheffield Clinical Commissioning Group (CCG) to provide the

# Summary of findings

service to patients of Sheffield on the NHS. The registered provider had a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

We spoke with two patients on the inspection day and received 36 CQC comment cards from patients who attended the service in January 2019 and March 2019. Feedback from patients was overwhelmingly positive about the service. They told us they appreciated the continuity of care of seeing the same staff throughout the process. They felt listened to and able to ask questions. They told us the GP was informative and reassuring and their dignity and respect had been considered which they told us they appreciated.

## Our key findings were:

- The provider organised and delivered services to meet patients' needs.
- The provider had systems and processes for managing risk.
- Staff were proud of the work they did and of the quality of service they provided.

We saw the following outstanding practice:

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Patient feedback was excellent.
- Patient feedback and data analysis were used proactively by the GP lead and provider to identify opportunities to drive improvements in quality of care and patient experience.

The areas where the provider **should** make improvements are:

- Take action to include safeguarding children training updates as part of the quality assurance overview checks.
- Take action to update the clinical protocol to include the procedure staff take if the third post operative semen sample is reported positive.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# Richmond Medical Centre

## Detailed findings

### Background to this inspection

The provider for the service is Primary Care Sheffield Limited who is contracted by the local clinical commissioning group (CCG) to provide a non scalpel vasectomy service carried out under local anaesthetic from Richmond Medical Centre which is located at 462 Richmond Road, Sheffield S13 8NA. The provider registered with the Commission in August 2017 to provide the regulated activity surgical procedures at this location. The service has been operating since 2012 under a different provider. The new provider continues to use the same clinical staff and premises.

GPs in the Sheffield area can refer patients on the NHS into this service.

There is one GP who is trained to provide this procedure. Two practice nurses and two healthcare assistants trained in aseptic techniques assist the GP. Administration staff working at Primary Care Sheffield Limited arrange the pre-assessment appointment for the patient on receipt of a referral and complete the letter to the patient's own GP post procedure.

In 2018, 206 patients were counselled for the procedure and 186 procedures were carried out.

Appointments for pre-assessment and counselling are on Thursdays and the procedures are carried out on a Friday.

The service was inspected on 5 April 2019. Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist advisor.

During the inspection we spoke with people using the service, the provider, staff working in the service and reviewed documents relating to the management of the service. We received 36 CQC comment cards from patients who attended the service in January and March 2019.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Good because:

#### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- Safety risk assessments had been completed. The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service 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. Patients we spoke with told us their past history had been considered and they had been treated with privacy and dignity and made to feel comfortable by the GP and nurses which they appreciated.
- The service had systems to safeguard vulnerable adults who attended the clinic from abuse. All staff had safeguarding adult training. The provider did not include reviewing safeguarding children training updates as part of its quality assurance checks. The provider told us this was because the service only treated patients aged over the age of 18 years. However, we observed families attending with patients. The provider provided evidence before the end of the inspection that all staff had been trained in child safeguarding and told us this would be added to the quality assurance overview checklist.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. The nurses and health care assistants who assisted the doctor acted as chaperones. They were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. The provider reviewed the aseptic conditions of the minor surgery suite and made recommendations as a result. For example, a record of the deep cleaning carried out in the room was now maintained. The provider also audited post procedure infections. The audit of patients who had the procedure between January 2016 and January 2017 showed less than 1% of patients treated at the service had a post procedure infection requiring antibiotics (Association of Surgeons of Primary Care data showed a national average infection rate of 1.1% to 1.5%).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Appropriate environmental risk assessments had been completed. These were reviewed regularly as part of the provider's quality assurance site visits.

#### 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. The provider told us they were trying to recruit a second surgeon to provide capacity to grow the service, offer greater choice to patients and ensure service contingency.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis.
- The service had appropriate equipment to deal with medical emergencies.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities. Appropriate medical indemnity cover arrangements were in place for the doctor, nurses and healthcare assistants working in the clinic.

# Are services safe?

## 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. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Patients were given a discharge note which they could present should they require medical assistance following the procedure.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider wrote to the patient's own GP following the procedure.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service stocked local anaesthetic and had a medical fridge to specifically store this. Processes were in place for checking the temperature of the fridge and for stock control.
- The service did not prescribe medication.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity.
- The provider carried out six monthly quality assurance site visits. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, health care assistants had been trained in aseptic techniques to assist the doctor when the practice nurse was not available.
- The service acted on and learned from external safety events within the providers' other organisations as well as patient and medicine safety alerts.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

#### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The GP would refer patients to secondary care if they did not meet the criteria for the procedure in primary care.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

#### Monitoring care and treatment

**The service was actively involved in quality improvement activity and carried out regular quality assurance visits and data analysis review.**

- The service used information about care and treatment to make improvements. The provider carried out quality assurance audits every six months to assess; consent procedures were being adhered to, success rate of the procedure following semen analysis, patient satisfaction feedback and waiting times for the procedure. The latest audit carried out in December 2018 showed 88% of patients had a success rate based on semenology test at 14 weeks and 99.4% of patients had a success rate on semenology testing if a second test was required at 22 weeks. Patient satisfaction feedback was 100% positive (based on feedback since the service commenced in 2012). Waiting times for the procedure within six weeks of the pre-operative assessment was 37% which was below the provider's own target. The GP told us this was mostly due to patient choice of when they wanted to

have the procedure carried out. The provider was looking at ways to audit the dates offered to patients rather than the date the patient selected to be able to monitor this.

- The service made improvements through the use of completed audits. For example, a clinical audit of patients attending between 2012 and 2017 was carried out to ensure complication and failure rates were below the national average. The provider had benchmarked its data against national data from the Association of Surgeons of Primary Care (ASPC). The audit showed less than 1% of patients treated at the service had a post procedure infection requiring antibiotics (ASPC data showed a national infection rate of 1.1% to 1.5%). Data showed 66% of patients submitted a semen sample as advised by 16 weeks post procedure at the service (ASPC quoted 63% nationally).
- The service continued to monitor success rates. It had 5 reported failures since commencement in 2012 out of the 515 procedures performed. This was less than 1% (ASPC quoted failure rates nationally of 0.6% to 1%).
- An audit of procedures undertaken between January 2016 and January 2017 had been completed. This showed 106 procedures had been performed during this period compared to 69 in 2012. Patient satisfaction was 100%, operation success (clear semen sample) was 100% and complication rate was 0% (compared to 3% in 2012). Of the 106 procedures 69 had semen clearance, 23 were waiting to give first sample and 14 were waiting to give 2nd and 3rd sample. The provider was in the process of carrying out a follow up audit of patients treated in 2017//18. They had planned to leave it two years before the second cycle to give time for the sample analysis stage to be completed.
- The GP kept a monitoring overview of patients who had undergone the procedure to monitor semenology results to ensure reminders could be sent out should samples not be sent in. This also enabled the GP and provider to monitor patients who had undergone the procedure in 2017/18 on an ongoing basis in between audit cycles.
- The provider had carried out six monthly quality assurance visits which had a positive impact on quality of care and outcomes for patients. These had identified areas which required improvement. For example, a piece of equipment used during the procedure required calibration and some staff were overdue their annual appraisal. We saw documentation to confirm actions

# Are services effective?

## (for example, treatment is effective)

had been taken immediately to rectify these. Changes had also been implemented as part of quality assurance visits by the clinical lead. For example, to implement a letter to the patient's GP post counselling additional to the post procedure letter.

- The provider gave all patients who had the procedure a feedback form which the provider audited. 100% of patients who had had the procedure since 2012 were satisfied with the service and the provider had received many positive comments on the feedback forms. The provider had also acted on minor comments made by patients. For example, the preparation and application of the numbing cream and the length of time a patient would need to be at the service. Both were added to the pre-operative information leaflet and included in the pre-operative discussion.
- As part of patient feedback, the provider asked the patient about any discomfort during and after the procedure. Of the 26 patients who gave feedback between January 2016 and January 2017, no patients reported severe discomfort. 16 patients reported mild discomfort during and after the procedure. Four patients reported moderate discomfort during the procedure and seven patients after the procedure; six patients reported no discomfort during the procedure and three reported no discomfort after the procedure. 25 patients reported they had no problems following the vasectomy. One patient reported pain for 10 days.

### Effective staffing

#### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The GP who carried out the procedure was trained in vasectomy procedures and had attended an update training course and received regular updates from the Faculty of Family Planning and Reproductive Health Care. The clinical lead for the provider organisation offered support to the GP providing the procedure and carried out regular quality assurance visits. The GP did not currently have a Urologist mentor. The provider had made contact with local Urologists but had not received feedback. The provider was going to re-address this.
- The provider had an induction programme for all newly appointed staff.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained with the exception of child safeguarding training. The provider provided evidence before the end of the inspection that all staff had been trained in child safeguarding and this would be added to the quality assurance overview checklist. Staff were encouraged and given opportunities to develop. For example, health care assistants had been trained and mentored in aseptic techniques.

### **Coordinating patient care and information sharing**

#### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, the provider referred patients who did not meet the criteria for the procedure to take place in primary care to secondary care.
- Patients were referred by their own GP into the service on the NHS. Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. A discharge letter was sent to the patient's own GP following the procedure.
- Patients were given pre and post operative information leaflets which contained information about the procedure, consent and aftercare advice. Patients we spoke with told us the GP and nurse went through the leaflets with them at their initial consultation, before and after the procedure.
- Patients were given a discharge note which they could present should they require medical assistance during the weekend following the procedure.

### **Consent to care and treatment**

#### **The service obtained consent to care and treatment in line with legislation and guidance.**



# Are services effective?

(for example, treatment is effective)

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Risk factors were identified and highlighted to patients on the consent form including the requirement to provide post procedure semen analysis.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.





# Are services caring?

## Our findings

### We rated caring as Outstanding because:

Patient feedback was continually excellent with 100% of patients saying they were satisfied with the service they had received. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. One patient we interviewed was able to explain how good continuity of care and the understanding nature of the staff had helped him cope emotionally with the treatment given his own personal circumstances. Patient feedback was used proactively by the GP lead and provider to identify opportunities to drive improvements in quality of care and patient experience.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overwhelmingly positive about the way staff treated patients. Patients we spoke with reported they felt listened to and staff spoke to them in a way they could understand. They told us because of the intimate nature of the procedure the continuity of care of seeing the same GPs and nurses throughout the process and being able to build a relationship had given them the confidence to be able to undergo the procedure which they appreciated.
- All of the 36 CQC comment cards received were extremely positive about the service and the care received. Patients commented that staff were knowledgeable, comforting, caring and respectful. Many patients commented that they were made to feel comfortable and relaxed and the service they received from the pre-operative appointment to the procedure was excellent and they felt fully informed.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients were given pre-operative and post operative information leaflets and a discharge note following the procedure which they could present should they require medical assistance following the procedure.

- Patient experience feedback to the provider was continually excellent with 100% of patients saying they were satisfied with the service. Every patient undergoing the procedure was given a feedback form to complete. The provider had recently commenced requesting feedback following the pre-operative counselling appointment also.
- Feedback from 2012 to 2017 showed 161 out of 162 patients had reported that they were satisfied with the service (one patient selected no but did not leave a comment of why). An audit of feedback from January 2016 to January 2017 showed 26 patients had left feedback. All were satisfied with the service, all 26 said the counsellor gave the help needed.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

- Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by the provider and GP lead of the service.
- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to ask any questions and make an informed decision about their treatment. They told us that the GP spoke to them in a way that they could understand and answered any questions they had. They felt fully informed about the procedure and aftercare. They told us that staff were informative, friendly and reassuring.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Patients were taken to a private clinical room following the procedure for recovery and monitoring where their partners could join them if they wished. They were given refreshments and the GP would review them prior to discharge.
- Patients we spoke with specifically told us that they felt they were treated respectfully and with dignity which they appreciated. One patient we interviewed was able



## Are services caring?

to explain how good continuity of care and the understanding nature of the staff had helped him cope emotionally with the treatment given his own personal circumstances.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

#### Responding to and meeting people's needs

##### The service organised and delivered services to meet patients' needs.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the waiting times for procedure had increased when the GP was absent. The provider had arranged for extra clinics which had reduced the waiting time from 18 weeks in June 2018 to 12 weeks. The provider told us the median waiting time from pre-operative counselling appointment to procedure was seven weeks though this was affected by patient choice.
- The facilities and premises were appropriate for the services delivered.

#### Timely access to the service

##### Patients were to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and procedure. Patients told us they waited approximately eight to 12 weeks from referral to procedure.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were referred by their own GP into the service.

#### Listening and learning from concerns and complaints

##### The service 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. This included information on further action that may be available to them should they not be satisfied with the response to their complaint. The service had not received any complaints.
- The service had complaint policy and procedures in place. Although the service had not received any complaints they learned lessons from individual concerns, complaints and from analysis of trends from other services the provider managed.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

**Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They drove continuous improvement and there was a proactive approach to reviewing and improving quality from performance data and patient feedback.
- 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 provider had effective processes to develop leadership capacity and skills, including planning for the future of the service. For example, the provider was looking to recruit a second surgeon to provide capacity to grow the service, ensure service contingency and offer greater choice to patients.

**Vision and strategy**

**The service 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 to deliver high quality GP led services in the community. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

**Culture**

**The service had a culture of high-quality sustainable care. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.**

- Staff felt respected, supported and valued. They were proud to work for the service and of the quality of service they provided and of the positive feedback they received from patients.

- The service focused on the needs of patients. The provider and the GP were continually reviewing ways to improve the quality of care and patient experience by carrying out quality assurance visits and monitoring data and patient feedback.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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 or had a date scheduled for this. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

**Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective and the provider carried out regular quality assurance visits to ensure systems were operating as intended. We observed areas identified for improvement were rectified quickly.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, although staff were able to explain the process, the clinical protocol needed to be expanded to include the procedure if the third semen sample was positive.

**Managing risks, issues and performance**

**There was clear and effective clarity around processes for managing risks, issues and performance.**

# Are services well-led?

Good 

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and data analysis. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit and quality monitoring processes had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Service performance information and patient feedback were used proactively to identify opportunities to drive improvements in care. For example, following feedback from patient experience the pre operative information leaflet was amended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The service 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 service involved patients, staff and external partners to support high-quality sustainable services. Patient feedback and data analysis were used proactively to identify opportunities to drive improvements in quality of care and patient experience.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services. For example, all patients who attended for the procedure were given a feedback form to complete which the provider audited and made improvements as a result. The provider had recently implemented a feedback form to give to patients after the counselling appointment to capture the experience of those who chose not to go ahead with the procedure.
- Patient experience feedback was excellent with 100% of patients treated saying they were satisfied with the service.
- The GP shared patient feedback with staff working in the service and valued staff feedback on ways to improve the service.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example, the provider had recently applied to commence using the national e-referral system for referring patients into the service and was looking to further integrate with other related services like sexual health.