Swallownest Health Centre

Inspection report

Worksop Road
Swallownest
Sheffield
S26 4WD
Tel: 01144333888
www.swallownesthealthcentre.co.uk

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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 location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Swallownest Health Centre between 11 and 15 October 2021. Overall, the practice is rated as requires improvement:

- Safe – requires improvement
- Effective - requires improvement
- Caring - requires improvement
- Responsive - requires improvement
- Well-led - requires improvement

Following our last comprehensive inspection on 15 June 2016, the practice was rated good overall and for the effective, responsive and well-led key questions. We rated the caring key question as outstanding and the safe key question as requires improvement. We undertook a follow-up focused inspection on 21 June 2017 to review the safe key question. During that inspection, we saw the required improvements had been made and rated the safe key question as good.

The full reports for previous inspections can be found by selecting the 'all reports' link for Swallownest Health Centre on our website at www.cqc.org.uk.

Why we carried out this inspection

This inspection was a comprehensive inspection planned in response to information of concern received by the Care Quality Commission.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Conducting an electronic staff questionnaire
- Reviewing patient feedback

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

Overall summary

We have rated this practice as requires improvement overall.

We found that:

- The practice did not have clear systems to keep people safe and not all staff had undertaken the required safeguarding training for their role.
- There was not a comprehensive mandatory training programme in place, and not all staff had undertaken mandatory and recommended training as required for their role, including recommended training in basic life support, resuscitation and sepsis awareness.
- The practice did not have adequate procedures in place for the management and oversight of emergency medicines, emergency medical equipment and oxygen.
- The practice lacked a comprehensive and established procedure to govern the management of blank prescription forms.
- The practice's systems for the appropriate and safe use of medicines and the management of patients prescribed high risk medicines required review.
- The practice did not have an established incident reporting process in place to ensure all categories of incidents were reported and investigated appropriately.
- The practice did not have effective and established processes in place for the management and monitoring of patients with long-term conditions.
- Feedback from patients on the care they received from the service was not always positive.
- The practice did not resolve or investigate complaints in line with their policy.
- Appointment availability and telephone access required review.
- The practice did not have clear and effective processes for managing risks, issues and performance, and leaders did not always demonstrate they had the capacity and skills to deliver high quality sustainable care.

However:

- Appropriate standards of cleanliness and hygiene were met.
- Childhood vaccinations and immunisations were largely above required targets.
- Staff were proactive in helping patients to live healthier lives.
- The practice obtained consent to care and treatment in line with legislation and guidance.

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Although not a breach of regulations, the provider **should**:

- Improve telephone access to the practice.
- Improve availability of appointments so patients can access care and treatment when they require it.
- Implement a formal quality improvement and continuous improvement process.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Swallownest Health Centre

Swallownest Health Centre is located at Swallownest Health Centre, Worksop Road, Swallownest, Sheffield, S26 4WD.

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures; family planning services; maternity and midwifery services; treatment of disease, disorder or injury; and surgical procedures.

The practice is situated within the NHS Rotherham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of 16,379. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices under the Rother Valley South primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is approximately 97.4% White, 1.0% Asian, 0.9% Mixed, 0.6% Black and 0.2% Other.

The age distribution of the practice population generally mirrors the local and national averages. However, the practice has a larger percentage of working age and older people compared to local and national averages.

There is a team of 13 GPs who provide clinical cover. The practice has a team of advanced nurse practitioners, nurses and healthcare assistants who provide clinics for the management of long-term conditions. The clinical teams are supported at the practice by a team of reception and administration staff. The practice management team provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If a GP needs to see a patient face-to-face then the patient is offered a face-to-face appointment at the practice.

Extended access, where late evening and weekend appointments are available, is provided by the practice in partnership with Connect Healthcare Rotherham CIC. Out of hours services are also provided by Connect Healthcare Rotherham CIC.

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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: • The provider did not operate a comprehensive mandatory training programme that covered all recommended and required areas. • The provider did not adequately support staff to undertake all mandatory, statutory and required training for their role or take appropriate action quickly when staff training requirements were not met. • Not all staff had completed safeguarding training to an appropriate level for their role. • Not all staff had received appropriate training to identify and manage a deteriorating patient. • Not all staff received regular appraisals or appropriate supervision of their work performance from an appropriately skilled and experienced person. • The provider did not have effective procedures in place to manage unexpected staff absences for all staff roles. • There was not a process or risk assessment in place for undertaking repeat Disclosure and Barring Service (DBS) checks for staff. There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular: • The provider did not hold a sufficient range of emergency medicines, in sufficient quantities, to adequately manage an emergency situation. There was no proper and safe management of medicines. In particular:

This section is primarily information for the provider

Requirement notices

- The practice lacked a comprehensive and established procedure to govern the management of blank prescription forms.
- Patients prescribed high risk medicines did not always receive recommended reviews, monitoring and tests.
- Patients with long-term conditions did not always receive recommended reviews, monitoring and tests.

There was additional evidence that safe care and treatment was not being provided. In particular:

- Not all incidents were reported or investigated in line with the provider's policy, which meant learnings and improvements could not be identified or actioned.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met:** The registered person had failed to ensure that all premises used by the service were properly maintained. In particular: • There was not an effective process in place between the practice and the building landlord to ensure all risks, hazards and issues identified in building and fire risk assessments were rectified in a timely manner. • Not all staff had received appropriate training on building safety features, which included toilet assistance alarms, consultation room panic alarms and fire alarm controls. The registered person had failed to ensure that all equipment used by the service was appropriately located for the purpose for which they were being used. In particular: • The provider did not hold sufficient quantities of oxygen, store it safely or ensure it was accessible quickly in an emergency.

This section is primarily information for the provider

Requirement notices

- The practice's systems for checking the status of emergency equipment was not comprehensive.

This was in breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider did not have effective systems and processes in place to identify, manage or mitigate risks to patients, staff and service users. • The provider did not always use performance and other information to make improvements or changes to their service. • The provider did not always investigate or respond to complaints in a timely way or in accordance with their policy. • The provider's system for identifying learnings or service improvements following the investigation of a complaint was not effective. • The provider did not have effective systems in place to gather patient feedback, or to improve patient experience and quality of care based on patient feedback. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.