

# Barnsley Road Surgery

## Quality Report

899 Barnsley Road  
Sheffield  
S5 0QJ  
Tel: 0114 2329390  
Website: none

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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 service

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnsley Road Surgery on 14 February 2017. The overall rating for the practice was good with requires improvement in well-led. The full comprehensive report from 14 February 2017 can be found by selecting the 'all reports' link for Barnsley Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 4 October 2017 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 14 February 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated good with requires improvement for being well-led.

Our key findings were as follows:

- Some risks to patients were assessed and managed, others required review. For example, the practice could not provide a fire risk assessment and fire safety systems and procedures were not clear. An infection control audit had been completed

although an action plan to address the areas identified for improvement had not been developed at the time of the inspection and there were shortfalls in the monitoring of some cleaning schedules.

- A system to track the use of blank prescriptions throughout the practice had been implemented. However, a record was not maintained when blank prescriptions were received into the practice.
- A monitoring log had been implemented to record medical indemnity cover and registration status with the professional bodies for all clinical staff.
- Actions taken after safety alerts were received by the practice had been documented.
- Staff had not received regular appraisal and some staff were overdue training updates. However, training had recently been arranged for staff and all staff had a date planned for an appraisal in October 2017.
- The procedure for monitoring the medical fridge temperatures had been reviewed and updated.
- The access walkway between the main building and the annex had been resurfaced.

# Summary of findings

- The system for recording verbal complaints had been reviewed and formalised.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Arrange for staff to receive regular appraisals as part of the appraisal system.
- Review practice policies to ensure they are current and reflect custom and practice.

**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?**

Improvements had been made since our last inspection on 14 February 2017. However, there were still some areas that required improvement. Our key findings were as follows:

- Some risks to patients were assessed and managed, others required review. For example, the practice could not provide a fire risk assessment and fire safety systems and procedures were not clear. An infection control audit had been completed although actions to mitigate the risks identified had not been developed at the time of the inspection and there were shortfalls in the monitoring of some cleaning schedules.
- A system to track the use of blank prescriptions throughout the practice had been implemented. However, a record was not maintained when blank prescriptions were received into the practice.
- A monitoring log had been implemented to record medical indemnity cover and registration status with the professional bodies for all clinical staff.
- Actions taken after safety alerts were received by the practice had been documented.
- Staff had not received regular appraisal and some staff were overdue training updates. However, training had recently been arranged for staff and all staff had a date planned for an appraisal in October 2017.
- The procedure for monitoring the medical fridge temperatures had been reviewed and updated.
- Access between the main building and the annex had been resurfaced.
- The system for recording verbal complaints had been reviewed and formalised.

**Requires improvement**



# Barnsley Road Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC inspector.

## Background to Barnsley Road Surgery

Barnsley Road Surgery is located in Sheffield. The practice is based in a two storey converted house with an annex. All patient treatment areas are on the ground floor of the building, the first floor is used as office space for staff.

Public Health England data shows the practice has a comparable national average population of patients and the practice catchment area has been identified as one of the first most deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 2780 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as extended hours and childhood vaccination and immunisations.

Barnsley Road Surgery has one male GP and one female salaried GP. There is one female practice nurse and two healthcare assistants. These are supported by a practice manager and a team of experienced reception and administration staff.

The practice is open 9am to 5.45pm Monday to Friday with the exception of Thursdays when the practice closes at 2.30pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours

are offered on a Thursday morning 6.45am to 8am. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

## Why we carried out this inspection

We undertook a comprehensive inspection of Barnsley Road Surgery on 14 February 2017 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 in well-led. This is because the service was not meeting one legal requirement and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 17, Good Governance. The full comprehensive report following the inspection on 14 February 2017 can be found by selecting the 'all reports' link for Barnsley Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Barnsley Road Surgery on 4 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

# Detailed findings

## How we carried out this inspection

Before completing the focused inspection we reviewed a range of information we hold about the practice including the action plan submitted by the practice following the comprehensive inspection. We carried out a focused

inspection on 4 October 2017. During our visit we spoke with the practice manager, a receptionist, practice nurse and the GP and reviewed management documents and observed practice procedures.

To get to the heart of patients' experiences of care and treatment, we asked the question: 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.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 14 February 2017 we rated the practice as requires improvement for providing well-led services as there was lack of effective monitoring, oversight and risk assessment of some practice systems, procedures and processes.

There had been improvement in some of these arrangements when we undertook a follow up inspection on 4 October 2017. However, there were still shortfalls and areas that required improvement. The practice continues to be rated as requires improvement for being well-led.

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. There had been recent changes in the management team within the last four weeks. The new practice manager had identified areas for improvement with regard to monitoring systems and processes and was methodically working through these.

### Governance arrangements

There had been some improvement in the provider's governance and risk management procedures, however, others required further review:-

- The provider was unable to locate a fire risk assessment. The fire alarm system in the main building had recently started to be re-used within the last four weeks. Staff we spoke with told us this had been tested weekly although these tests were not documented. We were told at our previous inspection in February 2017 that a manual system had been adopted as the fire alarm system did not work. The system for raising the alarm in the annex was not clear and not contained within the fire safety policy. A fire drill had been carried out in November 2016 and on 3 October 2017. The practice manager confirmed following the inspection that arrangements had been made for a fire risk assessment to be completed on 9 October 2017 which included a review of the fire procedure.
- At our previous inspection in February 2017 we noted the fire exit at the annex was locked with a key during opening hours. This had been reviewed and a system implemented to ensure that this fire exit was accessible during opening hours.
- An infection control audit had been completed on 21 September 2017. An action plan to address the areas identified for improvement had not been developed at the time of our inspection.
- There was a cleaning schedule in place and monitoring records of what daily cleaning had taken place were seen. However, the privacy curtains in the treatment rooms had not been cleaned within six months as specified in The National Specifications for Cleanliness in the NHS for primary care medical premises. There was no system in place to monitor when these curtains were due to be cleaned.
- Blank prescriptions were stored securely. Although a system to track their use had been implemented, a record was not maintained when blank prescriptions were received into the practice. The practice manager provided evidence following the inspection that the monitoring log had been expanded to include the tracking of the receipt of blank prescriptions.
- At our previous inspection in February 2017 we observed the walkway between the main building and the annex to be uneven. This had been reviewed and re-surfaced to improve access between the buildings.
- A monitoring log sheet had been implemented to record medical indemnity cover and registration status with the professional bodies for all clinical staff.
- Safety alerts were printed by the practice manager and stored in a folder for reference. We saw minutes of a clinical meeting from 2 October 2017 where recent alerts had been discussed and actions recorded. The practice manager told us safety alerts were to be discussed as a standard agenda item at the clinical meeting.
- The procedure for monitoring medical fridge temperatures had been reviewed. New data loggers (data loggers are used to monitor vaccine fridge temperatures) had been purchased and installed on 3 October 2017 and there was a plan to download this data weekly. The minimum and maximum temperatures of the fixed thermometer were recorded and documented daily and the fridge had been re-set when required.
- The practice policies we looked at were in date although we saw evidence these did not always reflect custom and practice. For example, the fire safety policy stated the fire alarm would be sounded and did not include reference to the current system in the annex.
- There was a clear staff structure and staff were aware of their own roles and responsibilities. The practice

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manager had identified some staff were overdue their annual appraisal and attendance at some training updates. These staff had been booked to attend safeguarding children training on 21 November 2017 and basic life support training in November 2017 at a neighbouring practice. There was a plan to complete an appraisal for each staff member by the end of October 2017 and all staff had received a date for this.

## Leadership and culture

There was a new leadership structure in place and staff told us they felt supported by the practice manager and the GPs. Meetings had recently been re-structured to include a monthly clinical meeting, monthly administration meeting and a quarterly full team meeting. These dates were scheduled for the next year.

The practice manager had identified there was no evidence complaints and significant events had previously been used to analyse emerging trends. They had identified future feedback would be reviewed and any learning would be taken to the appropriate meeting.

The system to record verbal complaints had been formalised and included details of the complaint, actions taken and the response to the complainant.

Staff told us there was an open culture in the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.



## 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had some systems or processes in place that operated ineffectively in that they failed to enable the registered person to monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• There was a lack of oversight and monitoring of fire safety systems and risk assessment.</li><li>• There was a lack of monitoring of infection control processes.</li><li>• The system to track blank prescriptions was not effective.</li></ul> <p><b>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>