The Matthews Practice Belgrave

Quality Report

Belgrave and White Lane Medical Centres
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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.

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Mathews Practice on 24 July 2017. The overall rating for the practice was inadequate and the practice was placed into special measures. The full comprehensive report on the 24 July 2017 inspection can be found by selecting the 'all reports' link for The Mathews Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 February 2018 to confirm that the practice had met the requirements of the warning notices which were issued following the inspection on 24 July 2017. This report covers our findings in relation to the practice meeting the requirements of the warning notices and also additional improvements made since our last inspection.

Our key findings were as follows:

- Staff were using up to date protocols and policies to assist them in their work.
- The practice had plans in place to address reported poor telephone access.
- QOF (the Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results) achievement had been reviewed and improved.
- Long-term condition management had been reviewed and improved.
- All practice staff had been appraised and had access to relevant continuing professional development.
- Chaperone notices were clearly visible to patients in consultation and treatment rooms. Staff who acted as chaperones were documenting that they had provided chaperoning duties in the patient record. (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure).
- Most staff felt engaged with how the practice was run.
- Patients that we spoke to felt engaged with how the practice was run.
- The practice were keeping a record of complaints which included the investigations undertaken as a result of complaints received. Learning from complaints was shared with practice staff to prevent recurrence and improve future performance.

Importantly, the provider should:

- Review and update the practice registration details to ensure that the service is correctly registered and to notify the Care Quality Commission that this has taken place within four weeks of this inspection.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The Matthews Practice Belgrave

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector. The team included a second CQC Inspector and a GP Specialist Advisor

Background to The Matthews Practice Belgrave

The Mathews Practice is located close to Sheffield city centre and has a branch surgery at White Lane in Gleadless on the outskirts of the city. The practice provides services for 9,047 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 (both male) and three salaried GPs (one male and two female). They are supported by a three practice nurses, two healthcare assistants, a practice manager and a team of reception and administrative staff. The practice is open between 8 am to 6 pm on Monday, Tuesday, Wednesday and Friday and between 8 am to 4 pm on Thursdays. Whilst the reception is open for patients to access, telephone calls between the hours of 12.30 pm to 3.30 pm to both sites are answered by the out-of-hours service. Appointments are available from 8 am to 10.30 am every morning and from 3 pm to 5.30 pm with GPs daily at both sites. Extended hours appointments are offered from 7am with the practice nurse and healthcare assistant. Pre-booked appointments are available with a GP on Saturday morning.

A phlebotomy service with the healthcare assistant is available daily. The practice also has a pharmacist. 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

We undertook a comprehensive inspection of the Mathews Practice on 24 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and placed in to special measures. The full comprehensive report following the inspection on 24 July 2017 can be found by selecting the 'all reports' link for the Mathews Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 February 2018 to confirm that the practice

Detailed findings

had met the requirements of the warning notices which were issued following the inspection on 24 July 2017. This report covers our findings in relation to the practice meeting the requirements of the warning notices and also additional improvements made since our last inspection.

How we carried out this inspection

We carried out a focused inspection of the Mathews Practice on 12 February 2018. This involved reviewing evidence to ensure that they had met the requirements of the warning notices and involved reviewing evidence that:

- Staff were using up to date protocols and policies to assist them in their work.
- Plans were in place to address reported poor telephone access.
- QOF achievement (was under review with a view to being improved.
- Long term condition management was under review with a view to being improved.
- All staff had been appraised and had access to relevant continuing professional development.
- Chaperone notices were clearly visible to patients in consultation and treatment rooms and that staff who acted as chaperones were documenting in the patient record that they had provided chaperoning duties.
- Staff were feeling engaged with how the practice was run.
- Patients were feeling engaged with how the practice was run.
- The practice were keeping a record of all complaints which included the investigations undertaken as a result of the complaints received.

During our visit we:

- Spoke with a range of staff (two GPs, practice manager, three administrative staff, four patients and two practice nurses) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area
- Looked at information the practice used to deliver care and treatment plans.

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?

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

Our findings

At our previous inspection on 24 July 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure.

We issued a warning notice in respect of these issues and found that governance arrangements had improved when we undertook a follow up inspection of the service on 12 February 2018.

Vision and strategy

- The practice had produced and submitted an action plan to address the governance issues identified at the last inspection on 24 July 2017 which included: poor telephone access, the management of QOF and long term conditions, the use and updating of policies and protocols and responding to complaints.
- The current CQC rating was on display in the waiting room. There was also supporting information about the key issues contained within the inspection report alongside supporting action plans for improvement. This information gave a valuable insight to patients of both the issues and concerns raised by the Care Quality Commission at the previous inspection and how the practice planned to respond and improve services in light of these issues and concerns.

Governance arrangements

- The practice is currently incorrectly registered with the Care Quality Commission. This situation has arisen because the practice registration details do not accurately reflect the current GP partners. . We advised the GP partner and practice manager that this situation must be rectified and that the practice must notify the CQC that this issue has been addressed within four weeks of the inspection taking place.
- Staff that we spoke to told us that they were using protocols and policies to assist them in their work. For example nursing and administrative staff were able to access policies and protocols via the practice intranet. However, it was reported by a member of nursing staff that there had never been any discussion about protocols or policies with the GPs. However, non-withstanding this, GPs, clinical and administrative staff reported that they worked well together to support the needs of patients and the practice.
- On the day of inspection we noted that the achievement and management of QOF had been under review following the retirement of a dedicated QOF administrative assistant 18 months ago. For example, the practice had accessed support from the Royal College of General Practitioners and had developed a QOF 'Task Force' to monitor and stream-line all QOF reporting and recalls. We saw evidence that the QOF achievement points had improved 30% in the last six weeks and the practice were 89 points short of the maximum number of points.
- Long term condition management had been under review and had been improved. For example there was a lead nurse prescriber who organised and ran the asthma and COPD management and reviews and was able to prescribe antibiotics as well as inhalers for this group of patients. We saw protocols in place for asthma, COPD and hypertension that were up to date, as well as an angina protocol that could easily be expanded to support a coronary heart disease protocol. We did not see a current diabetes protocol however the practice had sourced one from another practice which they planned to personalise to the practice and adopt.
- All staff that we spoke to had received up to date appraisal. We were told by both nursing and administrative staff that they had access to relevant continuing professional development. For example, a number of administrative staff were undertaking 'medical terminology training' and nursing staff had undertaken asthma, COPD and nurse prescribing qualifications and more recently had been accredited in performing and the interpretation of spirometry (a simple test used to help diagnose and monitor certain lung conditions).
- We saw chaperone notices were visible to patients in the reception area as well as consultation and treatment rooms. All administrative staff that we spoke to were able to provide a clear description of the chaperoning procedure and they told us that they were documenting in the patient record that they had provided chaperoning duties.

Are services well-led?

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

Leadership and culture

- We saw a complaints folder which provided a record of all complaints received. This included the investigations that were undertaken as a result of complaints received.
- Nursing staff we spoke to were aware of their role to support QOF and long term condition management and had access to continuing professional development to support them in their roles.
- Most staff that we spoke to felt supported and found the GP partners and the practice manager to be approachable. One member of staff reported that she felt isolated in her role because there were no clinical meetings in place although a monthly nurse meeting had been recently introduced which included the health care assistants and one of the GPs. On the day of inspection we saw evidence that clinical meetings were taking place.
- Most staff that we spoke to felt involved in the way the practice was run and were engaged with the running of the practice.However one member of staff reported an 'atmosphere' in the practice due to worries about how the practice had 'deteriorated' and that when issues were raised that nothing changed.
- Both nursing and administrative staff that we spoke to were able talk through the complaints procedure and knew who the lead was for responding to complaints.
- Administrative and reception staff that we spoke to were able to locate and describe the policy for chest pain guidance.

Seeking and acting on feedback from patients, the public and staff

- We saw evidence to support the development of enhanced patient communication and feedback in the waiting room. For example, there was information for patients about how to complain, and we saw a patient participation board which included requests for new members.
- Patients that we spoke to told us that they felt engaged with how the practice was run. For example three patients had undertaken patient surveys and were aware of the patient participation group.
- Some patients that we spoke to had used the practice website for information and had found it useful.
- Three out of the four patients that we spoke to said that they found it easy to get through to the practice by telephone but all patients that we spoke to were unaware what the practice were doing to improve telephone access.
- All the patients we spoke to found the doctors approachable and caring
- Most of the patients we spoke to knew how to make a complaint. There were posters visible in the waiting room and there was a practice complaints leaflet available.
- Patients we spoke to were aware of the chaperone service and posters were available in the waiting room and in treatment and consultation rooms.