

Dr Ndubisi Moses Okorie

Quality Report

The Medical Centre
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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 safe?

Good



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 Dr Ndubisi Moses Okorie on 6 April 2016. The overall rating for the practice was good with requires improvement in safe. The full comprehensive report from 6 April 2016 can be found by selecting the 'all reports' link for Dr Ndubisi Moses Okorie on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 March 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 6 April 2016. 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. Specifically, following the focused inspection we found the practice to be rated good for providing safe services.

Our key findings were as follows:

- The practice had medical emergency oxygen and a defibrillator on the premises to deal with medical emergencies and all staff had received up to date training in basic life support.
- We found recruitment checks for the locum GP employed since the comprehensive inspection on 6 April 2016 had been completed.
- The practice had implemented a system to monitor and track blank prescriptions within the practice.
- The business continuity plan had been updated to include staff contact details and was easily accessible in the office for staff to refer to in an emergency.
- Systems to record the monitoring of cleaning of equipment used for patient care and flushing of water systems had been implemented.
- The health and safety poster had been updated with the practice's representative details.

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 safe?

The practice is rated good for providing safe services:

- The practice had oxygen and a defibrillator on the premises to deal with medical emergencies and all staff had received basic life support training.
- We found recruitment checks for the locum GP employed since the comprehensive inspection on 6 April 2016 had been completed.
- The practice had implemented a system to monitor and track blank prescriptions within the practice.
- The business continuity plan had been updated to include staff contact details and was easily accessible in the office for staff to refer to in an emergency.
- Systems to record the monitoring of cleaning of equipment used for patient care and flushing of water systems had been implemented.
- The health and safety poster had been updated with the practice's representative details.

Good



Dr Ndubisi Moses Okorie

Detailed findings

Our inspection team

Our inspection team was led by:

a lead CQC Inspector.

Background to Dr Ndubisi Moses Okorie

Dr Ndubisi Moses Okorie, also known as The Medical Centre, is located in a purpose built health centre in Tinsley and accepts patients from Tinsley, Darnall and Brinsworth in Sheffield. The practice catchment area has been identified as one of the second most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 1260 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, childhood vaccinations and immunisations.

The practice has one male GP partner, one female nurse practitioner, one receptionist, an assistant practice manager and a practice manager.

The practice is open 8am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. Care UK provides cover when the practice is closed on a Thursday afternoon. 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 6pm and 8am patients are directed to contact Care UK. Care UK provides cover when the practice is closed between 8am and 6pm, 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 Dr Ndubisi Moses Okorie on 6 April 2016 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 safe. 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. Specifically Regulation 12 safe care and treatment. The full comprehensive report following the inspection on 6 April 2016 can be found by selecting the 'all reports' link for Dr Ndubisi Moses Okorie on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Ndubisi Moses Okorie on 6 March 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.

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

Detailed findings

inspection on 6 March 2017. During our visit we spoke with Dr Okorie, the practice manager, one of the reception staff, reviewed locum GP recruitment files, management documents and observed practice procedures.

To get to the heart of patients' experiences of care and treatment, we asked the question: Is it safe?

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 safe?

Our findings

At our previous inspection on 6 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements to deal with medical emergencies and recruitment checks to ensure locum GP staff were of good character were not adequate.

These arrangements had improved when we undertook a follow up inspection on 6 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- We found recruitment checks for the locum GP employed since the comprehensive inspection on 6 April 2016 had been completed. For example, proof of identification, registration with the professional body, medical indemnity cover and disclosure and barring service check (DBS) (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). The practice had also implemented a locum policy which they would implement when employing locum staff in the future.
- The practice had implemented a recording system to monitor and track the movement of blank prescriptions within the practice.
- A system to record cleaning of equipment used for patient care, for example the ear syringe machine, had been implemented.
- We were told at the inspection on 6 April 2016 that taps were flushed weekly to mitigate the risk of legionella (legionella is a term for a particular bacterium which can

contaminate water systems in buildings), however, there was no documentation or record of this. At the inspection on 6 March 2017, we observed the practice had implemented a log sheet to record and monitor this.

- It was noted that the local health and safety representative information identified on the health and safety poster was out of date at the inspection on 6 April 2016. We observed during this inspection that the information had been updated.

Arrangements to deal with emergencies and major incidents

- It was noted at the inspection on 6 April 2016 that the practice did not have oxygen or a defibrillator on site to deal with medical emergencies. At this inspection we observed the practice had a working defibrillator available on the premises and oxygen with adult and children's masks available. These were accessible to staff in the treatment room. The GP told us the equipment was checked weekly by the nurse although there was no documentation of this. The GP told us the equipment was new and a recording log would be implemented to monitor these checks.
- All staff had received training in basic life support on 20 June 2016 and cardiopulmonary resuscitation (CPR) and training to use the defibrillator on 5 October 2016. The GP told us staff would receive annual basic life support training, the next training was planned for October 2017.
- The business continuity plan had been updated to include staff contact details and we observed it was easily accessible in the office area for staff to refer to in an emergency.