Jordanthorpe Health Centre

Quality Report

1 Dyche Lane
Sheffield
S8 8DJ
Tel: 0114 2716310
Website: www.clovershеffield.nhs.uk

Date of inspection visit: 25 September 2017
Date of publication: 25/10/2017

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
Are services responsive to people's needs?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jordanthorpe Health Centre on 14 and 15 November 2016. The overall rating for the practice was requires improvement with requires improvement in safe and responsive.

We also carried out an unannounced focused responsive inspection on 13 June 2017 following feedback to the Care Quality Commission which raised specific concerns about care and treatment and management of the Darnall Primary Care Centre site. As we did not look at the overall quality of the service we were unable to provide a rating for the service at this inspection. The full comprehensive report from14 and 15 November 2016 and the focused report from 13 June 2017 can be found by selecting the 'all reports' link for Jordanthorpe Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 September 2017 to confirm that the provider 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 and 15 November 2016 and 13 June 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. Specifically, following the focused inspection we found the practice to be rated good for being safe and responsive.

Our key findings were as follows:

- The provider had implemented a system to review and monitor the risks associated with legionella at all sites.
- The provider had implemented a procedure for sharing communication from secondary care providers.
- The provider had reviewed the action plans implemented following feedback from staff and patients to include sufficient detail to monitor progress particularly with regard to access.
- The provider had implemented a system to ensure blank prescriptions were held securely at all sites and there was a system for tracking their use, including receipt into each site.
- Systems to ensure patient identifiable information was held securely had been reviewed and updated.
- Effective systems to monitor infection prevention and control (IPC) procedures had been implemented.

Summary of findings

- We saw evidence administration tasks were actioned in a timely manner and there was a contemporaneous record maintained in patients' medical records. Staff we spoke with had a good understanding of the process, though the task policy was not sufficiently detailed to promote consistency across the sites.
- The provider had completed a risk assessment of the blinds and type of blind cords used at all sites in line with advisory Department of Health guidance, February 2015. All blinds in patient accessible areas had been made safe. They had either been replaced or had safety mechanisms installed for the cords.
- A plan of continuous clinical audit had been implemented. For example, the diabetic audit was now completed monthly at all sites to ensure appropriate monitoring and recording of a new diagnosis in medical records. The diabetic protocol was discussed and enforced with the doctors at an in-house training event on 13 September 2017 to ensure continual improvement in the management of these patients.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Review the task policy to include clear guidelines for all staff at each stage of the process.
- Continue to monitor the access and capacity plan and patient feedback with regard to improving timely access to appointments.

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?

Good

Improvements had been made since our comprehensive inspection on 14 and 15 November 2016 and focused responsive inspection on 13 June 2017. The practice is now rated good for providing safe services. Our key findings were as follows:

- The provider had implemented a system to review and monitor the risks associated with legionella at all sites.
- The provider had implemented a system to ensure blank prescriptions were held securely at all locations and there was a system for tracking their use, including receipt into each site.
- Systems to ensure patient identifiable information was held securely had been reviewed and updated.
- The provider had implemented a procedure for sharing communication from secondary care providers.
- We saw evidence administration tasks were actioned in a timely manner and there was a contemporaneous record maintained in patients' medical records. Staff we spoke with had a good understanding of the process, though the task policy was not sufficiently detailed to promote consistency across the sites.
- The provider had completed a risk assessment of the blinds and type of blind cords used at all sites in line with advisory Department of Health guidance, February 2015. All blinds in patient accessible areas had been made safe. They had either been replaced or had safety mechanisms installed for the cords to prevent the risk of serious injury due to entanglement.
- Effective systems to monitor infection prevention and control (IPC) procedures had been implemented.

Are services responsive to people's needs?

Good

Improvements had been made since our comprehensive inspection on 14 and 15 November 2016 and focused responsive inspection on 13 June 2017. The practice is now rated good for providing responsive services. Our key findings were as follows:

- The provider had reviewed the action plans implemented following feedback from staff and patients to include sufficient detail to monitor progress. Systems to monitor progress of the action plans had been implemented.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safe and responsive identified at our inspection on 14 and 15 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Jordanthorpe Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A lead CQC inspector and three CQC inspectors

Background to Jordanthorpe Health Centre

The provider, Sheffield Health and Social Care NHS Foundation Trust provides a wide range of specialist mental health, learning disability, drug and alcohol misuse and social care services to the people of Sheffield. From 1 April 2011 it became the provider of additional community and primary care services known as The Clover Group. The group which is made up of the main site at Jordanthorpe Health Centre and has three branches at Darnall Primary Care Centre, Highgate and Central Health Clinic also known as Mulberry. The Group has an additional location, Clover City Practice which is registered with the Care Quality Commission separately.

The organisation is an NHS Foundation Trust, accountable to NHS Improvement (NHSI) and the Department of Health.

The four Clover Group Practices serve some of the city's most vulnerable areas. They have 16,413 patients with 60% of the patient population from black and other ethnic communities. There are significant numbers of European migrants registered with the practices.

The branch known as Mulberry is based in Sheffield City Centre and provides a specialist service to asylum seekers. This service includes a resettlement programme for immigrants entering the country and providing GP access to the homeless population and victims of trafficking.

The clinical team comprises of 9.95 whole time equivalent (WTE) salaried GPs, 6.83 advanced nurse practitioners, 3.75 WTE practice nurses, 2.11 WTE health care assistants and 0.82 WTE phlebotomists. The clinical team are assisted by support managers at three sites and a large administration and reception team. There is also a central senior management team which includes a Service Lead Manager, Clinical GP Lead and Operational Manager.

The practices are open between 8am and 6pm on Monday, Tuesday, Wednesday and Friday. On Thursdays the telephone lines are transferred at midday at three sites to the Mulberry practice where there is a duty doctor on call. Appointments are available at various times during the day across all sites these include drop in clinics, pre bookable appointments and telephone triage.

One of the practices within the Clover Group (which was not inspected as part of this inspection) offers Saturday morning clinics which are available to all patients within the group. Patients had access to the services provided through the Extended Access hub sites across the city up until 10pm during evenings and weekends.

Why we carried out this inspection

We undertook a comprehensive inspection of Jordanthorpe Heath Centre on 14 and 15 November 2016 and a focused responsive inspection on 13 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for safe and responsive and requires improvement overall at the November 2016 inspection. This is because the service was not meeting

Detailed findings

legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations. Specifically Regulation 12, Safe Care and Treatment, Regulation 17 Good Governance.

We undertook a follow up focused inspection of Jordanthorpe Health Centre on 25 September 2017. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that they were now meeting legal requirements.

How we carried out this inspection

Before completing the focused follow up inspection we reviewed a range of information we hold about the practice including the action plans submitted by the provider following the comprehensive inspection and the responsive focused inspection and asked other organisations, for example Healthwatch to share what they knew.

We carried out a focused follow up inspection on 25 September 2017. During our visit we:

- Visited all four sites. Jordanthorpe Health Centre, Mulberry, Highgate and Darnall Primary Care Centre.
- We spoke with a range of staff at all the sites (including the Service Lead, Operational Manager, support managers, nurses and administration and reception staff) and spoke with 13 patients who use the service.
- We 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 safe and is it responsive?

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.

Good

Are services safe?

Our findings

At our previous inspection on 14 and 15 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of security of blank prescriptions, monitoring of infection control procedures and management of communication from secondary care and administration tasks were not adequate to ensure care and treatment remained safe for people using the service.

These arrangements had significantly improved when we undertook a follow up inspection on 25 September 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The provider had implemented a procedure for sharing communication from secondary care providers. A workflow policy, document management and summarising of patient records/coding of incoming correspondence protocol had been implemented for staff to follow. We spoke with staff who added information from hospital letters and results to patients' medical records. They understood their role and explained the procedure as outlined in their policies. Staff were able to explain how any potential safeguarding concerns were communicated through to the GPs. For example, the GPs were informed of any vulnerable patients who had failed to attend their hospital appointment. Staff had attended a workflow optimisation training course and told us the GPs were supportive if they required guidance. Monthly audits were undertaken by the management team to ensure data was recorded in an appropriate and timely way and staff used this as a learning tool.
- We saw evidence administration tasks were actioned in a timely manner and there was a contemporaneous record maintained in patients' medical records at all sites (administration tasks are electronic requests from a clinician to an administrator requesting an action, for example, arranging appointment or investigations). Staff we spoke with had a good understanding of the process, although what they did if the patient did not respond after the first contact attempt differed slightly at each site. The newly implemented task policy did not detail a standard process for this. There was a colour coded flagging system which alerted staff to those patients who needed to be contacted sooner. Staff we spoke with had a good understanding of this system and we saw that staff dealt with these tasks immediately during our inspection. Tasks were monitored by the support managers as part of the weekly checklist and were audited by the senior management team every three months.
- Effective systems to monitor infection prevention and control (IPC) procedures had been implemented. Annual audits had been completed for each site and action plans were in place to monitor improvements identified. Weekly checklists were completed at each site which included checking of the disposable privacy curtains to ensure they had been replaced within the previous six months as specified in the National Specification for Cleanliness in the NHS guidance and that sharps bins were not older than three months as specified in NICE guidance 2012. The checklist included other IPC monitoring, for example, checking single use consumables were within expiry date in the clinical rooms. These checklists were monitored by the IPC lead nurse at each site.
- The provider had implemented a system to ensure blank prescriptions were held securely at all the sites and there was a system for tracking their use, including receipt into each site. This process was audited weekly and recorded on the weekly checklist form by the support managers to identify any potential problems. This checklist was taken to the operational management team meeting monthly to analyse and improve processes or assist staff learning.
- Systems to ensure patient identifiable information was held securely had been reviewed and updated. A locked door policy had been implemented at each site. This was audited and documented weekly by the support manager for each site who did spot checks. We observed staff during the inspection remove their computer access cards and lock doors when leaving rooms.

Monitoring risks to patients

- The provider had implemented a system to review and monitor the risks associated with legionella at all locations (Legionella is a term for a particular bacterium

which can contaminate water systems in buildings). All sites had an upto date risk assessment in place. The provider had implemented a monitoring overview log to include all sites. This recorded the actions to be taken to mitigate the risks identified, for example, flushing of outlets. It also recorded a review date. The monitoring log was reviewed at the senior management team meeting every six months.

- The provider had completed a risk assessment of the blinds and type of blind cords used at all sites in line with advisory Department of Health guidance, February 2015. All blinds in patient accessible areas had either been replaced or had safety mechanisms installed on the cords.
- The fire risk assessment at the Mulberry site had been reviewed on 13 April 2017 and fire extinguishers had been serviced on 29 March 2017. A keypad lock had been added to the staff storage area to prevent unauthorised access and the fire exit sign had been removed from the external side of the kitchen door. An alternative fire exit had been identified and was signposted.

Arrangements to deal with emergencies and major incidents

- We observed the defibrillator at the Darnall Primary Care Centre site had been calibrated in June 2017.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 14 and 15 November 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of monitoring progress against action plans to improve quality and accessibility of services needed improving.

These arrangements had improved when we undertook a follow up inspection on 25 September 2017. The practice is now rated as good for providing responsive services.

Access to the service

The provider had reviewed the action plans implemented following feedback from staff and patients to include sufficient detail to monitor progress. An access and capacity plan had been implemented in December 2016. This detailed the work streams and actions the provider intended to take to improve access to services. It identified who would be responsible for each action and a time frame it was to be completed by with a colour coded monitoring system to monitor progress. The plan was monitored monthly at the senior management team meeting who provided a monthly update to the Joint Executive Board of the Trust.

Following consultation with patient representatives at the Highgate site in May 2017, the drop in appointment system had been replaced with a book on the day system with an additional 70 GP and 30 nurse practitioner appointments per week. Patients with urgent needs requesting a same day appointment would be triaged by the GP and offered a face to face appointment if clinically indicated. Staff we spoke with during the inspection told us this had improved access for patients at Highgate.

The next routine GP appointment at Darnall Primary Care Centre was 30 October 2017, Jordanthorpe Health Centre 24 October 2017 and Highgate 30 October 2017. Patients with urgent needs requesting a same day appointment would be triaged by a clinician and offered a face to face appointment if clinically indicated. Mulberry offered drop in clinics.

We spoke with 13 patients during the inspection from Jordanthorpe, Highgate and Darnall. Most reported long waits for their telephone calls to the practices to be answered and some said it was difficult to access a routine appointment. However, of the four patients we spoke to at Highgate, all had telephoned that morning and received a same day appointment. Of the seven patients we spoke to at Jordanthorpe four expressed difficulty booking a routine appointment, of the two patients we spoke to at Darnall one had been pre-booked a week prior and the other had telephoned that morning and was offered a same day appointment.

Actions from the provider's access and capacity plan that had been implemented included:

- Providing specific sexual health and travel health clinics for patients to book into rather than requesting an urgent appointment.
- Darnall site had piloted the use of emergency care practitioners (ECPs) and had employed one to start permanently from November 2017. The ECPs would triage any patient who deemed their appointment urgent, review patients and carry out home visits when required. A full time nurse practitioner had also been recruited.

The Service Lead told us the provider was working to develop a care navigation system across all sites for access and that this would replace traditional GP sessions with a diversified workforce. This workforce was currently in the process of being recruited.

- A pharmacist had been employed to start mid October 2017 to answer patients' medication queries and complete complex medication reviews.
- A physiotherapist had been recruited to commence mid October 2017 who would deal with musculoskeletal problems and pain management.
- A community psychiatric nurse had recently been appointed though a start date was yet to be confirmed to support patients with mental health conditions.

Further training was planned for receptionists to use an algorithm to support them to offer the patient the most appropriate outcome for their needs.

Staff also had direct access to third sector organisations, for example Darnall Wellbeing, located in the Darnall Primary Care Centre premises who could support patients with forms and social isolation. For example, walking groups, healthy lifestyle information and support groups.

Good

Are services responsive to people's needs?

(for example, to feedback?)

A schedule of works had commenced to install a new telephone system for the Darnall Primary Care Centre site. There was a problem with the current telephone queueing system and calls were not answered in order. A new telephony system had been purchased and was awaiting installation. The new telephone system would provide more incoming lines for telephone calls to be answered. A scoping of the number of staff needed to answer the calls had been undertaken. The information technology (IT) department at the Trust investigated current telephone issues as reported by staff and patients.

A group of staff referred to as the 'microsystem team' at the Darnall Primary Care Centre site had been tasked to observe processes within reception to release staffs' time to engage with patients face to face or on the telephone. The team included clinical, administration and patient representation. One of their recent specific aims was to encourage patients to register to book their appointments on-line. We observed each site to have on-line appointment slots that patients could use. The team monitored uptake and had a plan to increase on-line booking capacity.

The number of complaints, significant events and feedback through direct patient engagement was monitored as part of the access and capacity plan. There had been two formal complaints received regarding access since November 2016. This was less than the 12 received the previous year.

Staff engaged with patients to collate their views of the new appointment system at Highgate and the telephone system at Darnall. For example, a patient participation group had been established for Darnall and Highgate patients. Bi-monthly meetings were held and other patients encouraged to attend by displaying posters with the meeting information. Minutes of these meetings were available. Staff had engaged with 14 patients who attended the walking group held through Darnall Wellbeing to ascertain their views on access and the service at Darnall. Staff had also spoken to 29 patients in the waiting room over a two day period in July 2017. This patient feedback was reviewed by the microsystem group and results fed back to the senior management team as part of the access and capacity plan monitoring process.