

# Jaunty Springs Health Centre

## Quality Report

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Sheffield  
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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	
Are services well-led?		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 Jaunty Springs Health Centre on 30 November 2016. The overall rating for the practice was requires improvement with requires improvement for both the safe and well led domains. The full comprehensive report from 30 November 2016 can be found by selecting the 'all reports' link for Jaunty Springs Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 8 June 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 30 November 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 and well led services.

Our key findings were as follows:

- A legionella risk assessment had been completed and an action plan to mitigate the risks identified had been implemented.
- The practice had carried out a fire drill and had undertaken regular fire alarm maintenance testing as a requirement identified in their fire risk assessment.
- A system to monitor and manage staff training had been implemented.
- All staff had received an appraisal with the exception of the practice manager and the assistant practice manager. A date was planned for these to be completed in July 2017.
- Policies and procedures were signed and dated and all had been reviewed in the last six months. Evidence was seen that staff were mostly following these policies. All staff had received infection prevention and control (IPC) training as specified in their infection control policy. However, reception staff we spoke with who performed chaperone duties were not following the chaperone policy as they differed in their account of who recorded the event in the medical record.

# Summary of findings

- Recruitment procedures had been reviewed and appropriate checks completed for all staff and locum GPs including Disclosure and Barring Service (DBS) checks for two practice nurses who had been appointed following the practice's registration with CQC.
- We saw evidence a system to monitor clinical staff's registration with the professional bodies had been implemented.
- A process to obtain a complete record of the immunity status of clinical staff as specified in the national Green Book (Immunisations Against Infectious Disease) guidance for healthcare staff had been commenced.
- The approved health and safety poster was displayed in the staff area which identified the local health and safety representative.
- The practice had completed an audit of broad spectrum antibiotic prescribing to ensure appropriate prescribing.
- A system to record the number of prescription boxes containing blank prescriptions received into the practice had been implemented to monitor and track blank prescriptions as specified in NHS Protect Security of Prescriptions (2013) guidance.

- A schedule of monthly team meeting dates had been developed. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We saw evidence complaints had been discussed at the full team meeting to share learning with staff.
- The practice manager told us the practice were in the process of reviewing ways to engage with patients and had recently recruited one member to the patient participation group (PPG).

Areas where the provider should make improvement are:

- All staff who perform chaperone duties should be aware of and follow the procedures specified in the practice's chaperone policy.
- Ensure the practice management team staff receive an appraisal.
- Consider reviewing and developing ways to engage with patients further. For example, by developing a practice website and to continue to promote the patient participation group.

**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?

Improvements had been made since our last inspection on 30 November 2016 and the practice is now rated good for providing safe services. Our key findings were as follows:

- A legionella risk assessment had been completed and an action plan to mitigate the risks identified had been implemented.
- The practice had carried out regular fire alarm maintenance testing and a fire drill as identified in their fire risk assessment.
- All staff had received infection prevention and control (IPC) training as specified in their infection control policy.
- Recruitment procedures had been reviewed and appropriate checks completed for all staff and locum GPs including Disclosure and Barring Service (DBS) checks for two practice nurses who had been appointed following the practice's registration with CQC.
- We saw evidence that a system to monitor clinical staff's registration with the professional bodies had been implemented.
- The approved health and safety poster was displayed in the staff area which identified the local health and safety representative.
- A system to record the number of prescription boxes received into the practice had been implemented to monitor and track blank prescriptions as specified in NHS Protect Security of Prescriptions (2013) guidance.

Good



### Are services well-led?

Improvements had been made since our last inspection on 30 November 2016 and the practice is now rated good for providing well led services. Our key findings were as follows:

- A system to monitor and manage staff training had been implemented.
- All staff had received an appraisal with the exception of the practice manager and the assistant practice manager. A date was planned for these to be completed in July 2017. A monitoring template had been developed to identify when staff had received their last annual appraisal and when they were due for re-appraisal.
- Policies and procedures were signed and dated and all had been reviewed in the last six months. Evidence was seen that staff were mostly following these policies. All staff had received

Good



# Summary of findings

infection prevention and control (IPC) training as specified in their infection control policy. However, reception staff we spoke with who performed chaperone duties were not following the policy as they differed in their account of who recorded the event in the medical record.

- A process to obtain a complete record of the immunity status of clinical staff as specified in the national Green Book (Immunisations Against Infectious Disease) guidance for healthcare staff had been commenced.
- The practice had completed an audit of broad spectrum antibiotic prescribing to ensure appropriate prescribing.
- A schedule of monthly team meeting dates had been developed. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We saw evidence complaints had been discussed at the full team meeting to share learning with staff.
- The practice manager told us the practice were in the process of reviewing ways to engage with patients and had recently recruited one member to the PPG.

# 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 safety and well-led identified at our inspection on 30 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 safety and well-led identified at our inspection on 30 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 safety and well-led identified at our inspection on 30 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 safety and well-led identified at our inspection on 30 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 safety and well-led identified at our inspection on 30 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 safety and well-led identified at our inspection on 30 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Jaunty Springs Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector

## Background to Jaunty Springs Health Centre

Jaunty Springs Health Centre is located in a purpose built health centre and accepts patients from the S12 district of Sheffield and the surrounding area. Public Health England data shows the practice population has a higher than average number of patients aged 50 years and older compared to the England average and the practice catchment area has been identified as one of the fifth least deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 3629 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Jaunty Springs Health Centre is registered as an organisation with CQC and has one male GP who works in partnership with a pharmacy organisation. The practice employs four salaried GPs (two female, two male), two female practice nurses, one male pharmacist and a healthcare assistant, a practice manager, assistant practice manager and an experienced team of reception and administration staff.

The practice is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. The Sheffield GP Collaborative provides cover when

the practice is closed on a Thursday afternoon. Extended hours are offered Tuesday evenings 6.30pm to 8pm. 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 Jaunty Springs Health Centre on 30 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall with requires improvement in the safe and well led domains. This is because the service was not meeting 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 and Regulation 19 Fit and Proper Persons Employed. The full comprehensive report following the inspection on 30 November 2016 can be found by selecting the 'all reports' link for Jaunty Springs Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Jaunty Springs Health Centre on 8 June 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.

# 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 8 June 2017. During our visit we spoke with

the practice manager, assistant practice manager, two of the reception staff, reviewed 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 and 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 safe?

## Our findings

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of fire safety, risk assessment and recruitment checks to ensure staff were of good character were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 8 June 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

We saw evidence all staff had received on-line infection prevention and control (IPC) training in the past year as outlined in the practice's infection control policy as a requirement.

The blank prescriptions log book had been amended to include the recording of the number of prescription boxes received into the practice to monitor and track blank prescriptions as specified in NHS Protect Security of Prescriptions (2013) guidance.

Recruitment procedures had been reviewed and appropriate checks completed for all staff and locum GPs including Disclosure and Barring Service (DBS) checks for two practice nurses who had been appointed following the practice's registration with CQC. (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 implemented a log sheet to monitor when staff were due to have the DBS check completed again as specified in their recruitment policy. We saw evidence references had been obtained for the practice nurse. The practice had not recruited any new staff since the last full inspection on 30 November 2016.

We saw evidence a monitoring template to record all clinical staff's registration with the professional bodies had been implemented. Copies of individual registration were kept in personnel files.

### Monitoring risks to patients

The approved health and safety poster was displayed in the staff office which identified the local health and safety representative. A health and safety policy had been implemented.

Staff we spoke with told us the fire alarm system was tested weekly and a fire drill had been carried out on 22 February 2017. We saw evidence of these recorded in the fire log book. There was a date in place for the next fire drill.

A legionella risk assessment had been completed in May 2017 and an action plan to mitigate the risks identified had been implemented. Templates had been created to record the flushing of taps and a thermometer to record the water temperatures had been ordered. Management staff had undertaken on-line training on managing the risks of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing well led services as there was evidence of systematic weaknesses in governance arrangements such as effective monitoring of systems and processes including recruitment, staff training and risk assessment.

These arrangements had improved when we undertook a follow up inspection on 8 June 2017. The practice is now rated as good for providing well led services.

### Governance arrangements

Practice policies and procedures were signed and dated and all had been reviewed in the last six months. Staff told us policies were more easily accessible to them on the intranet system. Evidence was seen that staff were mostly following these policies. For example, all staff had received infection prevention and control (IPC) training as specified in the infection control policy. However, reception staff we spoke with who performed chaperone duties were not all following the chaperone policy as they differed in their account of who recorded the event in the medical record. The assistant practice manager told us that the chaperone policy had been discussed with staff who carried out chaperone duties following the last inspection. We observed this had been added to the next team meeting agenda to be discussed and clarified with all staff.

The practice had completed an audit in December 2016 of broad spectrum antibiotic prescribing to ensure and monitor appropriate prescribing (broad spectrum antibiotics are generally used when standard antibiotics are ineffective). The GPs had reviewed the records of each patient identified on the audit to ensure the prescribing was appropriate. The practice were monitoring their prescribing against the locality and shared with us the previous quarter's data which showed a slight reduction in the number of broad spectrum antibiotics prescribed. The practice planned to re-audit this in December 2017.

Risk assessments had been completed with regard to legionella and fire safety checks had been completed as specified in the fire risk assessment. Recruitment checks had been completed for all staff to ensure they were of good character. A process to obtain a complete record of the immunity status of clinical staff as specified in the

national Green Book (Immunisations Against Infectious Disease) guidance for healthcare staff had been commenced. The practice management team had reviewed the guidance and were in the process of requesting this information from staff.

### Leadership and culture

A schedule of monthly team meeting dates had been developed. Staff we spoke with told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The team meetings were scheduled for alternate days to ensure staff who worked part time would get the opportunity to attend one. Minutes of these meetings were printed off and available for staff who did not attend the meeting.

We saw evidence in the minutes that complaints had been discussed at the full team meeting to share learning with staff.

A system to monitor and manage staff training had been implemented. The practice kept a log of all staff who had undertaken mandatory training. The log identified the dates that training was last undertaken and when it was due to identify what training staff had received and when it was due to be updated. At the inspection on 30 November 2016 it was noted that basic life support training was due. Evidence was seen on the log book that all staff had received this in the last year.

All staff had received an appraisal within the last year with the exception of the practice manager and the assistant practice manager. The practice manager told us a date was planned for these to be completed in July 2017. A monitoring template had been developed to monitor when staff had received their last annual appraisal and when they were due.

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

The practice manager told us staff were actively asking patients if they would like to join the patient participation group (PPG). Since the last inspection the practice had recruited one member to the PPG. The practice did not have a website. The practice manager told us this was currently being discussed within the management team on how to proceed with this.