

Southey Green Medical Centre

Quality Report

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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?

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 of this practice on 22 January 2016. The practice was rated as requires improvement for 'well led'. After the comprehensive inspection, the practice wrote to us to say what they would do to improve their service.

We carried out an announced focused inspection on 1 February 2017 to check that the practice had followed their action plan. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southey Green Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as good. Specifically, following the focused inspection we found the practice to be good for providing well led services.

The following improvements had been implemented:

- We saw evidence that incident reporting and process was in place and there was shared learning across the practice team.
- We saw evidence that regular meetings took place with the practice manager and GP partners.

- Outdoor clinical waste bins had locking mechanisms in place.
- Cleaning fluids were stored safely in a locked storage room.
- We saw evidence that all staff (including practice nurses) had accessed on line safeguarding training.
- We saw evidence that all staff who undertook chaperoning duties (including the apprentice receptionist) had accessed chaperone training.
- We saw that a Disability Assessment had been completed for the building.
- We saw staff files contained personal development plans and appraisals had been completed.
- The practice had developed a number of new policies and procedures.
- The practice did not have an active PPG however efforts were being made to establish one and obtain patient views of the service.
- We saw the practice business continuity plan which had been updated, reviewed and monitored.
- Staff told us they knew who to approach if they had areas of concern.

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?

Good



- We saw evidence that incident reporting and process was in place and there was shared learning across the practice team.
- We saw evidence that regular meetings were in place with the practice manager and GP partners.
- Outdoor clinical waste bins had locking mechanisms in place.
- Cleaning fluids were stored safely in a locked storage room.
- We saw evidence that all staff (including practice nurses) had accessed on line safeguarding training.
- We saw evidence that all staff who undertook chaperoning duties (including the apprentice receptionist) had accessed chaperone training.
- We saw that a Disability Assessment had been completed for the building.
- We saw staff files that contained personal development plans and appraisals.
- The practice had developed a number of new policies and procedures
- The practice did not have an active PPG however efforts were seen to recruit one and obtain patient views of the service.
- We saw the practice business continuity plan which had been updated, reviewed and monitored.
- Staff told us they knew who to approach if they had areas of concern.

Southey Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector

Why we carried out this inspection

We carried out an announced comprehensive inspection of this practice on 22 January 2016. The practice was rated as requires improvement for 'well led'. After the comprehensive inspection, the practice wrote to us to say what they would do to improve their service. We carried out a focused inspection on 1 February 2017 to check that the practice had followed their action plan.

We inspected the practice against one of the questions we ask about services: Is the service well led? This was because the practice was rated as requires improvement for 'well led'.

During the January 2016 comprehensive inspection we found that incident reporting and process was in place although shared learning was not in place across the practice; we did not see evidence that regular meetings took place with the practice manager and GP partners; clinical waste bins did not have locking mechanisms in place; cleaning fluids were not stored safely because they were in an area which patients could access; practice nurses had not accessed current on line safeguarding training; not all staff who carried out chaperoning duties had undertaken appropriate training and personal

development plans were not in place; the implementation and management of some practice policies was poor; the practice did not have an active PPG; the practice business continuity plan had not been reviewed or monitored; staff told us that they did not know who to approach if they had areas of concern.

This focused inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 22 January 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well led.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us in February 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 1 February 2017. During our visit we:

- Spoke with the practice manager and reception staff.

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

- Is the service 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?

Good 

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

Our findings

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- The practice did not have a mission statement, however staff understood the values of the practice.
- The practice had a business plan which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. There were clear structures and procedures in place. For example:

- There was a leadership structure in place and staff told us that they knew who to approach if they had issues of concern.
- The practice had developed a number of new policies and procedures to improve governance for example staff training protocols and improved data management.
- We saw evidence that the implementation and management of these policies was in place and policies and procedures were regularly discussed at practice meetings.
- We saw improved governance relating to staff training i.e. staff files contained personal development plans and appraisals.
- Staff training protocols were in place and we saw evidence that all staff (including practice nurses) had accessed on line safeguarding training and all staff who undertook chaperoning duties (including the apprentice receptionist) had accessed online chaperone training.
- The waste management policy had been reviewed and outdoor clinical waste bins had locking mechanisms in place.

- Safety had been improved in the practice and cleaning fluids were stored safely in a locked storage room.

Leadership and culture

The lead GP in the practice had the experience to ensure and deliver high quality care. The GPs were visible in the practice and staff told us they were approachable. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting notifiable safety incidents and we saw evidence that there was shared learning across the practice team.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. There was a leadership structure in place and staff felt supported by management.
- The practice held regular team meetings.

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

- We saw evidence that the practice had made attempts to recruit a Patient Participation Group for example, there was a poster in the waiting room asking patients to join a group. The practice sought patients' feedback through a 'suggestion box' placed in the waiting room and via the practice website.
- The practice had gathered feedback from staff generally through staff meetings and discussions. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was an emphasis on learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.