

The Health Care Surgery

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 safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to The Health Care Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Health Care Surgery on 10 August 2016. The overall rating for the practice was good with requires improvement for the 'safe' domain. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for The Health Care Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 10 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- We saw evidence that recruitment checks such as DBS where required for the role, and references were being obtained prior to employment.

- We saw records which identified the immunisation status of all staff members.
- The practice had reviewed their governance systems and provided evidence that action had been taken in response to medical alerts.
- The practice had reviewed their governance systems and provided a matrix of evidence that staff training had been completed.
- The procedures to implement improvements identified in the infection prevention and control audit had been reviewed and updated.
- NHS protect guidance and governance arrangements had been implemented relating to the storage for blank prescription forms.
- A risk assessment regarding the availability of paediatric pads for the defibrillator had been carried out.
- Resuscitation Council guidance (2015) and arrangements for checking the working condition of emergency equipment were in place.

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



- We reviewed four staff recruitment files and saw evidence that recruitment checks such as DBS where required for the role, and two written references were being obtained prior to employment.
- We reviewed four staff recruitment files and saw records which identified the immunisation status of staff members.
- The practice had reviewed their governance systems with regard to medical alerts and the actions taken in response. We saw minutes from weekly clinical meetings which identified that these alerts were being formally discussed.
- The practice had reviewed their governance systems with regard to staff training and we were shown a comprehensive training matrix which clearly identified that all staff had completed relevant training for their role.
- We reviewed the most recent infection prevention and control audit and noted that all actions had been reviewed, completed and updated.
- NHS protect guidance and governance arrangements had been implemented and we saw that blank prescription forms were securely stored in a locked cupboard.
- We saw meeting minutes which identified that a risk assessment for the non-provision of paediatric pads for the defibrillator had been carried out. This was due to the close proximity of the local Children's Hospital. These arrangements were to be kept under review.
- Resuscitation Council guidance (2015) and arrangements for checking the working condition of emergency equipment were in place. We saw a schedule of evidence that the defibrillator was being checked on a weekly basis.

The Health Care Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to The Health Care Surgery

The Health Care Surgery is situated in a purpose built building in North Sheffield. Car parking and disabled access is provided. The practice provides General Medical Services (GMS) for 4,858 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. Enhanced services are provided and included those for patients living with dementia and a learning disability. The practice catchment area is classed as within the group of the first most deprived areas in England. The age profile of the practice population is similar to other GP practices in the Sheffield Clinical Commissioning Group (CCG) area with a slightly higher population of patients who are under 14 years of age.

There are four female GP partners, one female male salaried GP, three practice nurses and a health care assistant. They are supported by a practice manager and an administration team.

The practice is open 8.15am to 12:30pm and 1.30pm to 6pm each day except for Thursdays when they are open until 12 noon. Phone lines are closed between 12:30pm and 1:30pm for the lunch hour. The surgery runs a drop-in service for all weekday morning appointments. Patients are asked to present to the surgery desk before 9.30am to register their name. If the clinic is very busy and running over normal capacity, the practice runs an additional acute service. For example, anyone booking in once capacity is

reached may be asked to return to the surgery later the same day, after a specific time, and will be seen by the first available GP. The surgery runs an appointment system every weekday afternoon except Thursdays.

Appointments between 3pm and 5.30pm are bookable from 8.30am the same day. These can be made over the front desk or via the telephone. The surgery is open on Saturdays from 8.30am until 10.30 am for pre-booked appointments only. These appointments are only for patients in full-time employment who are unable to attend weekday surgeries.

The practice is also open 8am-10pm Mon-Fri and 10-6 Sat-Sun as part of the NHS Sheffield Clinical Commissioning Group (CCG) Extended Access Scheme. The extended hours scheme consists of GP and practice nurse appointments which are accessed by the practice patient population and those patients registered at surrounding practices. Patients are directed to use at the GP collaborative service or the NHS 111 service when practice is closed.

The practice participates in the training of doctors who wish to make their careers in general practice. They are also involved in training medical and nursing students.

Why we carried out this inspection

We undertook a comprehensive inspection of The Health Care Surgery on 10 August 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 for being safe. The full comprehensive report following the inspection on August 2016 can be found by selecting the 'all reports' link for The Health Care Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of The Health Care Surgery on 4 September 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

We carried out a follow up focused inspection of The Health Care Surgery on 4 September 2017. This involved reviewing evidence that:

- Recruitment checks were being obtained prior to staff employment.
- Records were in place to identify the immunisation status of all staff members.
- Governance systems were in place to evidence that actions had been taken in response to medical alerts and that staff had completed relevant training.

- Procedures to implement improvements identified in the infection prevention and control audit had been reviewed and updated.
- NHS protect guidance and governance arrangements had been implemented relating to the storage for blank prescription forms.
- A risk assessment for the provision of paediatric pads for the defibrillator had been carried out.
- Resuscitation Council guidance (2015) and arrangements for checking the working condition of emergency equipment were in place.

During our visit we:

- Spoke to the practice manager and the registered manager.

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 10 August 2016 we rated the practice as requires improvement for providing safe services because recruitment checks such as DBS and references were not being obtained prior to employment and there were no records to identify the immunisation status of staff members.

In addition the practice had not reviewed their governance systems to evidence actions taken in response to medical alerts, they were not able to evidence that staff training had been completed; the procedures to implement improvements arising from the infection prevention and control audit had not been reviewed or updated; NHS protect guidance and governance arrangements were not being implemented relating to the storage of blank prescription forms; there was no risk assessment in place for the provision of paediatric pads for the defibrillator and Resuscitation Council Guidance (2015) was not being adhered to with regard to checking the working condition of emergency equipment.

These arrangements had significantly improved when we undertook a follow up inspection on 4 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- We reviewed four staff recruitment files and saw evidence that recruitment checks such as DBS where required for the role, and two written references were being obtained prior to employment.
- We reviewed four staff recruitment files and saw records which identified the immunisation status of staff members.

Overview of safety systems and process

- The practice had reviewed their governance arrangements with regard to medical alerts and the actions taken in response. We saw minutes from weekly clinical meetings which identified that these alerts were being formally discussed.
- The practice had reviewed their governance arrangements with regard to staff training and we were shown a comprehensive training matrix which identified that all staff had completed relevant training. For example, staff had completed mandatory training such as fire, information governance and infection control.

Monitoring risks to patients

- We reviewed the most recent infection prevention and control audit and noted that all actions had been reviewed, completed and updated. For example, the cleaning schedule now covered all areas of the practice and identified the deep cleaning schedule such as steam cleaning carpets in consultation rooms and a specific cleaning schedule for equipment such as the spirometer had been developed.
- NHS protect guidance and governance arrangements had been implemented with regard to the storage of blank prescription forms. For example, blank prescription forms were held in a key pad locked storage area.

Arrangements to deal with emergencies and major incidents

- We saw meeting minutes from July and August 2017 which identified that a risk assessment for the non-provision of paediatric pads for the defibrillator had been carried out. This was due to the close proximity of the local Children's Hospital. These arrangements were to be kept under review by the practice.
- Resuscitation Council guidance (2015) and arrangements for checking the working condition of emergency equipment were in place. We saw evidence that the defibrillator was being checked on a weekly basis.