

# Sharrow Lane Medical Centre

## Quality Report

129 Sharrow Lane

Sheffield

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Website: [sharrowlanemedicalcentre.co.uk](http://sharrowlanemedicalcentre.co.uk)

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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 caring?

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 Sharrow Lane Medical Centre on 6 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 6 July 2016 inspection can be found by selecting the 'all reports' link for Sharrow Lane Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on Wednesday 15 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 July 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:

- The practice had improved their practice governance and the management of quality and performance. For example, we saw a practice development plan for the management of diabetes and a range of clinical and non-clinical audits had been carried out.
- We saw evidence of regular practice meetings which identified that significant event reporting was taking place across the practice team to drive quality improvement.
- We saw an evidence table which identified that all staff had received an appraisal.
- The practice had reviewed and updated their policy and documentation to support the complaints process.
- There had been practice development for staff in relation to information technology and read coding.

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 caring?

Good



The practice is rated good for providing caring services:

- The practice had held regular meetings with the Patient Participation Group to respond and act upon feedback from the national GP patient survey.
- The practice provided evidence they had a strategy in place to increase the performance of diabetes related indicators i.e. patients that are identified with high HbA1C blood tests (the blood test routinely performed in people with type 1 and type 2 diabetes mellitus) are offered care planning and input by the Consortia Diabetes team.

### Are services well-led?

Good



The practice is rated good for providing well-led services:

- We saw minutes which showed the practice was holding regular governance meetings.
- The practice had new systems in place to report notifiable safety incidents and this information was shared at staff meetings to ensure appropriate action was taken.
- We saw attendance lists which identified that all staff had attended staff meetings or practice learning events.
- We saw evidence of practice governance and the management of quality and performance. For example, we saw a range of clinical and non-clinical audits had been undertaken.
- We saw an evidence table which identified that all staff had been appraised. The table included future dates for appraisals.
- We noted that the practice had a new complaints policy in place. The complaints leaflet had been updated to include the Health Service Ombudsman details.
- Practice development in the form of training sessions had taken place with regard to information technology and read coding (Read coding is a set of clinical descriptions that practices can use to manage the data in patients' records).

# 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 caring and well-led identified at our inspection 6 July 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 caring and well-led identified at our inspection 6 July 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 caring and well-led identified at our inspection 6 July 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 caring and well-led identified at our inspection 6 July 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 caring and well-led identified at our inspection 6 July 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 caring and well-led identified at our inspection 6 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Sharrow Lane Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector

## Background to Sharrow Lane Medical Centre

Sharrow Lane Medical Centre is situated at 129 Sharrow Lane, Sheffield S11 8AN. The practice provides services for 3,900 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fourth more 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. The practice has one lead GP (male), one salaried GP (female), one regular locum GP (male), two advanced nurse practitioners (female), and a phlebotomist (female). They are supported by a team of practice management staff and an administration team.

The practice is open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and closed on Thursday afternoons. Appointments with staff are available at various times throughout the day. Extended hours are offered on Monday evenings until 8.30pm. Patients requesting same day appointments are triaged over the telephone by the lead GP and offered a face to face appointment if required. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Sharrow Lane Medical Centre on 6 July 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. The full comprehensive report following the inspection on 6 July 2016 can be found by selecting the 'all reports' link for Sharrow Lane Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection of Sharrow Lane Medical Centre on 15 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 inspection on 15 March 2017. During our visit we spoke with the practice manager and the assistant practice manager, one of the reception staff and reviewed management documents.

This involved reviewing evidence that:

- The practice had reviewed and improved their practice governance and the management of quality and

# Detailed findings

performance. For example, we saw a practice development plan for the management of diabetes and a range of clinical and non-clinical audits had been carried out.

- We saw evidence of regular practice meetings which identified that significant event reporting was taking place across the practice team to drive quality improvement.
- We saw an evidence table which identified that all staff had been appraised.

- The practice had reviewed and updated their documentation to support their complaints process.
- There had been practice development sessions for staff in relation to information technology and read coding.

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 caring?

## Our findings

- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing caring services because data from the national GP patient survey identified that patients had responded negatively to questions about their involvement in planning and making decisions about their care and treatment.
- During our follow up focused inspection on 15 March 2017 we found that the practice had held regular meetings with the Patient Participation Group to respond and act upon feedback from the national GP patient survey. A new locum GP and an advanced nurse practitioner had been employed to support patient needs.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing caring services because results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Recent GP survey data shows that 74% of patients said that the last GP they saw or spoke to was good at involving them in decisions about their care.
- During our follow up focused inspection on 15 March 2017 we found that the practice had held regular meetings with the Patient Participation Group to respond and act upon feedback from the national GP patient survey.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing caring services because performance for diabetes related indicators was significantly lower than the CCG and national average.
- During our follow up focused inspection on 15 March 2017 we found that the practice had implemented a strategy to increase the performance of diabetes related indicators. For example, patients that are identified with high HbA1C blood tests are offered care planning and input by the Consortia Diabetes team.

# 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 6 July 2016 we rated the practice as requires improvement for providing well-led services because the practice did not hold regular governance meetings.
- During our follow up focused inspection on 15 March 2017 we saw minutes which identified the practice were holding regular governance meetings to improve and develop patient services.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing well-led services because although the practice had systems in place for notifiable safety incidents, this information was not shared with staff to ensure appropriate action was taken.
- During our follow up focused inspection on 15 March 2017 we found that the practice had systems in place to report notifiable safety incidents and this information was shared at staff meetings to ensure appropriate action was taken.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing well-led services because we did not see evidence that all staff attended regular staff meetings or events.
- During our follow up focused inspection on 15 March 2017 we saw attendance lists which confirmed that all staff were attending staff meetings or practice learning events.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for providing well-led services because we did not see evidence of practice governance and the management of quality and performance.
- During our follow up focused inspection on 15 March 2017 we saw evidence of improved governance and management of quality and performance. For example we saw a range of clinical and non-clinical audits had been undertaken. For example, an audit of patients diagnosed with an irregular heartbeat had been performed to improve the management, drug treatment and care of patients with atrial fibrillation. An audit had also been carried out to monitor and track advanced nurse practitioner consultation rates to review which patient groups needed to see the GP and allow more access to appointments with the appropriate health care professional.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for well led because we did not see evidence that all staff had been appraised.
- During our follow up focused inspection on 15 March 2017 we saw evidence that appraisals had been carried out for all practice staff. We also saw an evidence table which identified that all staff had been appraised. The table included future dates for appraisals.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for well led because we did not see evidence that the practice had a complaints policy in place and the practice complaints leaflet did not include the Health Service Ombudsman details.
- During our follow up focused inspection on 15 March 2017 we noted that the practice had a new complaints policy in place. The practice complaints leaflet had been updated to include the Health Service Ombudsman details.
- At our previous inspection on 6 July 2016 we rated the practice as requires improvement for well led because we did not see evidence that staff had adequate skills or training with regard to information technology or read coding.
- During our follow up focused inspection on 15 March 2017 we noted that practice development in the form of staff training sessions had taken place with regard to information technology and read coding.