

Valley 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 safe?

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 Valley Medical Centre on 19 December 2016. The overall rating for the practice was 'good' with 'requires improvement' for the 'safe' domain. The full comprehensive report on the 19 December 2016 inspection can be found by selecting the 'all reports' link for Valley Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 June 2017 to review that the practice had addressed the areas for improvement recommended in our previous inspection on 19 December 2016. This report covers our findings in relation to those areas since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had developed and implemented a comprehensive protocol and system for the management of MHRA (Medicines & Healthcare products Regulatory Agency) alerts.
- All clinical and administrative staff, where relevant to their role, had received a DBS (Disclosure and Barring Service) check.
- We saw evidence that medications were stored safely on the premises.
- GPs and practice staff had attended Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) training.

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?

- We saw evidence that the practice had developed and implemented a comprehensive protocol and system for the management of MHRA (Medicines & Healthcare products Regulatory Agency) alerts.
- All clinical and administrative staff, where relevant to their role, had received a DBS (Disclosure and Barring Service) check.
- We saw evidence that medications were stored safely on the premises.
- We saw evidence that GPs and practice staff had attended Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) training.

Good



Valley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector.

Background to Valley Medical Centre

Valley Medical Centre is situated on the outskirts of Sheffield city centre. The practice provides services for 9,500 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the fourth less 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 five GP partners, three female and four male, two salaried GPs, both female, two practice nurses and one healthcare assistant. They are supported by a team of practice management staff and an administration team.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments with staff are available at various times throughout the day. 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 Valley Medical Centre on 19 December 2016 under Section 60 of

the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good overall but as requires improvement for the 'safe' domain. The full comprehensive report following the inspection on 19 December 2016 can be found by selecting the 'all reports' link for Valley Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 June 2017 to review that the practice had addressed the areas for improvement recommended in our previous inspection on 19 December 2016. This report covers our findings in relation to those areas since our last inspection.

How we carried out this inspection

During the follow up inspection we spoke to a practice manager and a practice nurse. We observed the following:

- We saw documentary evidence that the practice had developed and implemented a comprehensive system and protocol for the management of MHRA (Medicines & Healthcare products Regulatory Agency) alerts. We saw minutes from a practice meeting in May 2017 which identified that these alerts had been discussed.
- We saw evidence which identified that all clinical and administrative staff, where relevant to their role, had an up to date DBS (Disclosure and Barring Service) check in place.
- We were shown a range of evidence which identified that medications (including fridges, dispensing cupboards, doctor's bags and emergency bags) were stored, checked and monitored safely on the premises.

Detailed findings

- We saw evidence that GPs and practice staff had attended Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) training.

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 19 December 2016 we rated the practice as requires improvement for providing safe services. This was because: the practice did not have a comprehensive system or protocol in place for the management of MHRA (Medicines & Healthcare products Regulatory Agency) alerts; not all clinical or administrative staff had a DBS check in place; some medications were not stored safely on the premises; and we did not see evidence of training programmes to identify that GPs and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).
- During our focused follow up inspection on 14 June 2017 we saw evidence that the practice had developed and implemented a comprehensive system and protocol for the management of MHRA (Medicines & Healthcare products Regulatory Agency) alerts. We saw minutes from a practice meeting held in May 2017 which identified that these alerts were being discussed.
- During our focused follow up inspection on 14 June 2017 we saw evidence that all clinical and administrative staff, where relevant to their role, had a DBS check in place. For example DBS checks had been carried out for all existing staff who did not have one and all new staff had one in place.
- During our focused follow up inspection on 14 June 2017 we witnessed the safe storage, checking and monitoring of medications on the practice premises. This included the checking and logging of medications in dispensing cupboards, doctor's bags and emergency bags and the daily logging and monitoring of fridge temperatures.
- During our focused follow up inspection on 14 June 2017 we saw evidence of attendance at recent and relevant training programmes which identified that GPs and practice staff had attended Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) training.