

Richmond Road Surgery

Quality Report

Richmond Road Surgery
400 Richmond Road
Sheffield
South Yorkshire
S13 8LZ

Tel: 0114 239 5243

Website: www.darnall-richmond-surgeries.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 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 Richmond Road Surgery on 6 December 2016. The overall rating for the practice was good with requires improvement for being well-led. The full comprehensive report from December 2016 inspection can be found by selecting the 'all reports' link for Richmond Road Surgery on our website at www.cqc.org.uk.

This inspection was a desk based review carried out on 18 July 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 December 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 as good.

Our key findings were as follows:

- The provider submitted to the Commission further evidence as part of this inspection to support improvements undertaken to the governance framework and the delivery of good quality care. For example, drafting and implementation of a note summarising and data entry protocol and a test results protocol.

- The provider had commenced some clinical audits and reviews of patients outcomes to contribute to a programme of continuous quality assurance. We saw, from minutes of clinical practice meetings in May, June and August 2017, audits were discussed with staff.
- The provider had drafted and implemented an exception reporting protocol to ensure those patients who did not attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect were consistently managed.
- The practice had recently gathered feedback from patients through the patient participation group (PPG) and through a survey to consult with patients about moving all of the services to one site.
- Patient satisfaction with GP consultations had improved in the most recent (July 2017) National GP patient survey.

However, there is one area of practice where the provider should make improvement:

- The provider should review the clinical audit templates, used to capture all of the evidence, and include reference to the relevant National Institute for Health and Care Excellence (NICE) best practice guidelines as appropriate.

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?

The provider is now rated as good for being well-led.

- The provider submitted to the Commission further evidence as part of this inspection to support improvements undertaken to the governance framework and the delivery of good quality care. For example, drafting and implementation of a note summarising and data entry protocol and a test results protocol.
- The provider had commenced some clinical audits and reviews of patients outcomes to contribute to a programme of continuous quality assurance. We saw, from minutes of clinical practice meetings in May, June and August 2017, audits were discussed with staff.
- The provider had drafted and implemented an exception reporting protocol to ensure those patients who did not attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect were consistently managed.
- The practice had recently gathered feedback from patients through the patient participation group (PPG) and through a survey to consult with patients to move all of the services to one site.
- Satisfaction with GPs had improved in the most recent (July 2017) National GP patient survey.

Good



Richmond Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to Richmond Road Surgery

Richmond Road Surgery is located on the outskirts of Sheffield with a branch surgery at Darnall Health Centre in Sheffield, S9 5DH. The practice provides services for 3,407 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the most deprived areas in England. The age profile of the practice population is similar to other GP practices in the local area.

The practice has one male GP, a practice nurse, a healthcare assistant, a practice manager and a team of reception and administrative staff. The Richmond Road site is open between 8am to 12 noon and 3pm to 6pm weekdays apart from Thursdays when it closes at 12 noon. Telephone calls to the branch between 12 noon to 3pm and on Thursday afternoons are answered at the Darnall Health Centre. Appointments are available with GPs between 9am to 11am and 3pm to 5pm daily with the exception of Thursday afternoon. Pre-booked appointments with GPs are offered every Monday evening at the Darnall site from 5.40pm to 7.40pm. Appointments with the practice nurse are available every week day apart from Fridays and with the healthcare assistant every weekday morning. In addition to pre-bookable

appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. A phlebotomy service with the healthcare assistant is available daily.

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. The Richmond Road site is located in a converted residential building with all patient facilities on the ground floor and the Darnall site is a purpose build health centre with accessible facilities. There are a number of parking spaces to the front of both sites and designated disabled parking spaces.

Why we carried out this inspection

We undertook a comprehensive inspection of Richmond Road Surgery on 6 December 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 well-led. The full comprehensive report following the inspection from December 2016 can be found by selecting the 'all reports' link for Richmond Road Surgery on our website at www.cqc.org.uk.

We undertook a desk based focused inspection of Richmond Road Surgery on 18 July 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

We carried out a desk-based focused inspection of Richmond Road Surgery on 18 July 2017. This involved reviewing evidence that:

- A programme of clinical audit and review of patient outcomes had been commenced.

- Policies and procedures had been updated.
- A clinical exception process had been implemented.
- Actions were taken as a result of patient feedback to the practice.

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

At our previous inspection on 6 December 2016, we rated the practice as requires improvement for providing well-led services as we found that the provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a desk-based follow up inspection of the service on 18 July 2017. The practice is now rated as good for being well-led.

Governance arrangements

The provider submitted further evidence as part of this inspection to support improvements undertaken to the governance framework and the delivery of good quality care. Following our December 2016 inspection the provider shared with us the significant event policy implemented in December 2016 and changes made to the recruitment process to include how applicants would apply for jobs. Other protocols had been introduced for staff to follow to promote consistency in practice. For example, a note summarising and data entry protocol and a test results protocol.

The provider had commenced some clinical audits and reviews of patients outcomes to contribute to a programme of continuous quality assurance. There had been six clinical audits commenced in six months, one of these was a completed audit where the improvements made were implemented and monitored. For example, staff were currently reviewing all patients who ordered too little or too much of their asthma medication to review how they self administered their medication and to develop an action plan with the patient and where appropriate carer of what to do when symptoms worsened.

We saw, from minutes of clinical practice meetings in May, June and August 2017, audits were discussed with staff. We noted the audits undertaken were reported on different templates and did not always include reference to the relevant National Institute for Health and Care Excellence (NICE) best practice guidelines.

The provider had drafted and implemented an exception reporting protocol to ensure those patients who did not attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect were consistently managed. Only clinicians could now except patients. The most recent Quality and Outcomes Framework (QOF) results for 2016/17 available to the practice was 95% of the total number of points available. The practice were not yet aware of the exception reporting score for this year. As the results were not yet published they could not be compared to local and national averages. QOF is a system intended to improve the quality of general practice and reward good practice.

Seeking and acting on feedback from patients

The practice had recently gathered feedback from patients through the patient participation group (PPG) and through a survey to consult with patients about moving all of the services to one site. Two meetings with the PPG had also taken place. Actions taken as a result of feedback included providing patients with:

- Information about public transport links between the two practice sites.
- Identified times of additional new clinics at the chosen site to reflect patient choice.
- Assurances prescriptions would still be sent to local pharmacies.
- To arrange a public meeting with the local council members.

Results from the most recent national GP patient survey published in July 2017 showed patients satisfaction scores on consultations with GPs had improved. For example:

- 80% (was 75%) of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% (was 73%) of patients said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 89% (was 87%) of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 73% (was 68%) of patients said the last GP they spoke to was good at treating them with care and concern compared with the local and national average of 86%.

Are services well-led?

Good 

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

- 80% (was 74%) of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 73% (was 65%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the local and national average of 82%.