

Shakespeare Road PMS

Inspection report

50 Shakespeare Road
Rotherham
S65 1QY
Tel: 01709830730

Date of inspection visit: 28 April to 9 May 2022
Date of publication: 10/06/2022

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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Shakespeare Road PMS between 28 April and 9 May 2022. Overall, the practice is rated as requires improvement:

- Safe – requires improvement
- Effective – requires improvement
- Caring - good
- Responsive - good
- Well-led – requires improvement

Why we carried out this inspection

This inspection was a comprehensive inspection, and was our first inspection of this location since their registration with CQC.

How we carried out the inspection

Throughout the pandemic, CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Circulating an electronic staff questionnaire.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall.

We found that:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Staff had the information they needed to deliver care and treatment.
- Staff worked well together and with organisations.

Overall summary

- Staff treated patients with kindness and compassion, and respected their privacy and dignity. Staff helped patients to be involved in decisions about their care and treatment.
- The practice organised services to meet patients' needs.
- People were able to access care and treatment in a timely way.

We found one area of outstanding practice:

- The practice employed several staff who spoke multiple languages, including languages spoken commonly by the practice's local communities. To support this, the practice had introduced a dedicated weekly clinic whereby GP appointments with a face-to-face interpreter were available. This allowed patients who did not speak English, or who preferred to speak in their primary language, the ability to access services easily and equally.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients

Although not a breach of regulations, the provider **should**:

- Improve the uptake of childhood immunisation and cervical screening.
- Develop a programme of quality improvement and clinical audit that is aimed at improving the quality of patient care.
- Improve the accuracy and oversight of staff training records.
- Improve processes to collect and review patient feedback.
- Improve systems to identify carers.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, with support from a second CQC inspector, who both spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Shakespeare Road PMS

Shakespeare Road PMS is located in Rotherham, South Yorkshire at:

- Shakespeare Road Health Centre, 50 Shakespeare Road, Eastwood, Rotherham, S65 1QY.

The practice has a branch surgery at:

- Ridgeway Medical Centre, 14 Ridgeway, Rotherham, S65 3PG.

During this inspection, we visited the Shakespeare Road Health Centre site only, as the practice had temporarily suspended operations from Ridgeway Medical Centre to allow the site to operate as a COVID-19 treatment and assessment hub.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures; family planning; maternity and midwifery services; and treatment of disease, disorder or injury.

The practice is situated within the NHS Rotherham Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 5,700. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, and is one of seven practices within the 'Wentworth 1 PCN' primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 71.1% White, 20.3% Asian, 3.2% Black, 2.9% Other, and 2.6% Mixed.

The age distribution of the practice population is significantly different from local and national averages, with the practice reporting a larger percentage of young people and a smaller percentage of older people compared with local and national averages.

There is a team of two GPs, who are both partners at the practice. The practice has two practice nurses who provide nurse-led clinics for long-term conditions, supported by a healthcare assistant. The practice manager provides managerial oversight and oversees a team of reception and administration staff.

The practice provides its own extended hours service, where early morning appointments are available. Extended access is provided locally by Connect Healthcare Rotherham CIC, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The practice's procedures for the identification, management and mitigation of risks that could affect staff, patients and/or the practice were not effective.• The management and storage of emergency equipment and emergency medicines was not in line with national guidance.• A risk assessment to determine the range, quantity and storage of emergency medicines and equipment had not been completed.• The oversight of medication reviews was not effective as the standard of pharmacist-led and GP-led reviews differed.• There was not an effective process in place to review historic safety alerts.• There was not a regular programme of clinical and management meetings to allow for the opportunity of discussion of incidents, cases and other changes affecting the practice. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• Not all staff had completed all required training, which included training on safeguarding, infection prevention and control, resuscitation, and equality and diversity.• There was not adequate oversight or a formalised process in place to assess and review the skills and competencies of clinical staff and non-medical prescribers.

Requirement notices

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

- Not all steps to identify, address and mitigate the potential of risks associated with legionella bacteria had been taken.
- Not all areas of the practice, in particular with handwashing sinks and toilets, were cleaned adequately or effectively.
- Infection prevention and control audits were not always effective in identifying potential infection risks.

There was additional evidence that safe care and treatment was not being provided. In particular:

- The practice's records and procedures for the management of blank prescriptions did not allow for effective reconciliation.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.