

Sheffield City GP Health 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 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 Sheffield City GP Health Centre on 18 and 25 January 2017. The overall rating for the practice was good with requires improvement for being well led. The full comprehensive report on the 18 and 25 January 2017 inspection can be found by selecting the 'all reports' link for Sheffield City GP Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 November 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 18 and 25 January 2017. 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 had reviewed their governance systems and put processes in place to monitor and ensure

compliance with the regulations. For example; performance and information meetings were held quarterly to discuss clinical governance and safeguarding issues.

- The provider had reviewed their initial form and checklist which patients used when booking in or used the telephone interpretation service. We noted that the form was available in large print and in numerous languages.
- We saw a matrix which identified that the provider had a record of advance nurse practitioner competencies to assess and treat children.
- The provider had a Duty of Candour policy and we saw written reference to this within their policies.
- We were told that significant event forms were available to all staff however there had not been any reported adult safeguarding concerns since our last inspection.
- We saw evidence of systems and processes which identified that fire safety procedures were being dealt with proactively and were kept under regular review.

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 rated as good for providing well led services

- The provider had governance systems and processes in place to monitor and ensure compliance with the regulations. For example; performance and information meetings were held quarterly to discuss clinical governance and safeguarding issues.
- The provider had reviewed their initial form and checklist which patients used when booking in or used the telephone interpretation service. We noted that the form was available in large print and in numerous languages.
- We saw a matrix which identified that the provider had a record of advanced nurse practitioner competencies to assess and treat children.
- The provider had a Duty of Candour policy and we saw written reference to this within their policies.
- We were told that significant event forms were available to all staff however there had not been any reported adult safeguarding concerns since our last inspection.
- We saw evidence of systems and processes which identified that fire safety procedures were being dealt with proactively and were kept under regular review.

Good



Sheffield City GP Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector.

Background to Sheffield City GP Health Centre

Sheffield City GP Health Centre provides a nurse led, GP supported walk in, see and treat service for the population of Sheffield. The service is also available for patients who work or are passing through the Sheffield area and are registered with a GP service elsewhere. It is commissioned by Sheffield Clinical Commissioning Group (CCG) and Sheffield Teaching Hospitals Trust.

The service is one of 12 GP practices and urgent care centres managed and operated by One Medicare Ltd. The provider's head office operates strategic systems for governance that were cascaded to the individual centre's they provided care from. Staff at the Sheffield centre provide advice and treatment for most common illnesses that are urgent but not life threatening. For example, persistent coughs, severe sore throats, rashes, infections and sudden worsening of long term conditions. They cannot help patients that have injuries that may require X Ray, long standing medical conditions that are managed by their own GP, sick notes and repeat prescriptions.

The service is open every day from 8.00am to 10.00pm, 365 days a year. The premises are accessible and have assisted access toilets. Facilities are available for people with hearing impairment. The permanent staff at the centre

consists of two GPs one male and one female. A lead nurse, seven advanced nurse practitioners (all female), a business manager, an office manager and a team of receptionists. Locum GPs and advanced nurse practitioner's also worked at the centre.

Why we carried out this inspection

We undertook a comprehensive inspection of Sheffield City GP Health Centre on 18 and 25 January 2017 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 the domain of well led. The full comprehensive report following the inspection on 18 and 25 January can be found by selecting the 'all reports' link for Sheffield City GP Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Sheffield City GP Health Centre Health Centre on 7 November 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 Sheffield City GP Health Centre Health Centre on 7 November 2017. During our visit we reviewed evidence that:

Detailed findings

- The provider had governance systems and processes in place to monitor and ensure compliance with the regulations.
- The provider had undertaken a review of the initial form and checklist that patients complete to ensure that it was available in large print and in other languages for use when using the telephone interpretation service.
- The provider had kept a record of nurses' competencies to see and treat children.
- The provider had written reference to the Duty of Candour within their policies.
- To ensure that significant event forms were available to all staff and that adult safeguarding concerns were being reported.
- To ensure that systems and processes relating to fire safety procedures were being dealt with proactively and kept under regular review.

During our visit we:

- Spoke with a range of staff for example: Lead Nurse, Director of Operations, Chief Medical Officer, reception and administrative staff.

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 18 and 25 January 2017, we rated the practice as requires improvement for providing well-led services. This was because some governance systems and processes were not implemented or monitored to ensure compliance with the regulations; the initial form and checklist that patients completed when using the telephone interpretation service was not available in large print or other languages; the provider did not keep a record of nurses' competencies to see and treat children; the provider did not have written reference to the Duty of Candour within their policies; the significant event form was not always completed when reporting adult safeguarding concerns as per the adult safeguarding policy; fire risk assessments were not being dealt with proactively nor were they under regular review.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 November 2017. The practice is now rated as good for being well-led.

Governance arrangements

- The provider had governance systems and processes in place to monitor and ensure compliance with the regulations. For example, we saw minutes from Performance and Information meetings which were being held quarterly to discuss and monitor issues such as clinical governance and safeguarding. We also saw minutes from quarterly Clinical Effectiveness meetings which were chaired by the Chief Medical Officer.
- The provider had reviewed their initial form and checklist used by patients when using the telephone interpretation service. We noted that the form was available in large print and in numerous languages such as Urdu and Korean.
- We saw a matrix which identified that the provider had a record of advanced nurse practitioner competencies to assess and treat children. We saw evidence that all clinicians had undertaken on line training to support them in their role and that three nursing staff were undertaking paediatric training at Masters level.

- The provider had a Duty of Candour policy which was due for review in August 2019. The policy was available to all staff on the intranet. We saw written reference to Duty of Candour in staff policies.
- We saw that significant event forms were available and were being used by staff however we were there had not been any reported adult safeguarding concerns since our last inspection.
- We saw evidence of systems and processes which identified that fire safety procedures were being dealt with proactively and been under regular review.

Managing risks, issues and performance

The lead nurse told us all staff, including locums, had access to policies and procedures on the group intranet. We found they were being consistently followed. For example, staff were following the safeguarding tool kit by referring to the local child services team when referring to other agencies such as the police. We were shown an updated locum pack which contained details of how to access policies and procedures.

Managing risks, issues and performance

There were arrangements for identifying, recording, and managing risks. Issues relating to overall fire safety management within the walk in centre were being dealt with proactively and had been under regular review. For example, all actions had been completed from the last fire risk assessment in January 2017. We saw evidence that nominated staff had completed fire warden training, regular fire drills were being carried out, fire alarms were being tested weekly and emergency lighting/fire extinguisher testing was been carried out each month.

Leadership capacity and capability

On the day of inspection we noted that the provider had a duty of candor policy in place. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw written reference to Duty of Candour in staff policies.