

Hanover 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 

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 Devonshire Green Medical Centre and the branch site at Hanover Medical Centre on 9 November 2016. The overall rating for the practice was requires improvement with requires improvement in safe and well led. The full comprehensive report from 9 November 2016 can be found by selecting the 'all reports' link for Hanover Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 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 at our previous inspection on 9 November 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 good. Specifically, following the focused inspection we found the practice to be rated good for being safe and well led.

Our key findings were as follows:

- Recruitment checks to ensure staff were of good character had been completed. All clinical staff and

staff who performed chaperone duties had received a Disclosure and Barring Service (DBS) check and there were references on file for new staff recruited since the last inspection.

- All staff had received safeguarding training relevant to their role as recommended in the Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff 2014.
- All staff had received basic life support training as recommended in the Resuscitation Council (UK) Guidelines for staff working in a primary care organisation.
- The fire risk assessment had been reviewed. A fire drill had been carried out at both sites and maintenance checks of the fire alarm system were more regular although did not comply with the practice's Fire Safety Policy of being completed weekly at the Hanover Medical Centre site. These had been completed weekly at the Devonshire Green site.
- The legionella risk assessment had been reviewed and actions taken to mitigate the risks identified.

Summary of findings

- A process to action safety alerts received by the practice had been implemented. However, there was no monitoring overview of these.
- A training matrix had been implemented to monitor what training staff had received and when it was due to be updated.
- A system to monitor that clinical staffs' registration with their professional body and medical indemnity cover for clinical staff was adequate and in date had been implemented.

- Cleaning schedules had been implemented to monitor what cleaning had taken place and the frequency.

Areas the practice should improve:

- The practice should implement a central log or monitoring overview of safety alerts received and action taken for staff to reference.
- The practice should carry out maintenance checks in line with the Fire Safety Policy.

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?

Improvements had been made since our last inspection on 9 November 2016 and the practice is now rated good for providing safe services. Our key findings were as follows:

- Recruitment checks to ensure staff were of good character had been completed. All clinical staff and staff who performed chaperone duties had received a Disclosure and Barring Service (DBS) check and there were references on file for new staff recruited since the last inspection.
- All staff had received safeguarding training relevant to their role as recommended in the Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff 2014.
- All staff had received basic life support training as recommended in the Resuscitation Council (UK) Guidelines for staff working in a primary care organisation.
- The fire risk assessment had been reviewed. A fire drill had been carried out at both sites and maintenance checks of the fire alarm system had been completed weekly at the Devonshire Green site. However, these were completed every four weeks at the Hanover site. The practice's Fire Safety Policy stated alarm maintenance testing would be completed weekly.
- The legionella risk assessment had been reviewed and actions taken to mitigate the risks identified.
- A process to action safety alerts received by the practice had been implemented. However, there was no monitoring overview of these.
- A system to monitor that clinical staffs' registration with their professional body and medical indemnity cover for clinical staff was adequate and in date had been implemented.
- Cleaning schedules had been implemented to monitor what cleaning had taken place and the frequency.

Good



Are services well-led?

Improvements had been made since our last inspection on 9 November 2016 and the practice is now rated good for providing well led services. Our key findings were as follows:

- Appropriate recruitment checks to ensure staff were of good character had been completed for staff recruited since the last inspection. All clinical staff and staff who performed chaperone duties had received a Disclosure and Barring Service (DBS) check.

Good



Summary of findings

- A training matrix had been implemented to monitor what training staff had received and when it was due to be updated. All staff had received safeguarding training and basic life support training updates.
- Overview systems had been implemented to monitor staff training, clinical staffs' registration with the professional bodies and medical indemnity. However, although a system to action safety alerts received into the practice had been implemented, there was no central log or monitoring overview of safety alerts received and action taken for staff to reference.
- Systems to identify, record and manage risks had improved. Risk assessments had been updated and actions taken to mitigate the risks identified had been implemented. However, fire maintenance checks did not comply with the practice's Fire Safety Policy.

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 safety and well-led identified at our inspection on 9 November 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 safety and well-led identified at our inspection on 9 November 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 safety and well-led identified at our inspection on 9 November 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 safety and well-led identified at our inspection on 9 November 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 safety and well-led identified at our inspection on 9 November 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 safety and well-led identified at our inspection on 9 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Hanover Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector

Background to Hanover Medical Centre

Hanover Medical Centre is located in the Broomhall area of Sheffield and is the branch site of Devonshire Green Medical Centre which is located in a purpose built health centre in inner city Sheffield. The practice accepts registration from patients of the surrounding areas. We visited both sites as part of this inspection.

Recent practice data confirmed 20% of patients on the practice register had been registered homeless and there was a high number of patients where English was not their first language. Public Health England data shows the practice population has a higher than average number of patients aged 0 to 55 years old compared to the England average. The practice catchment area has been identified as one of the third most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 7,080 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anti-coagulation monitoring and childhood vaccination and immunisations.

Devonshire Green and Hanover Medical Centres have five GP partners (four female, one male), three female practice nurses, one healthcare assistant, a practice manager,

senior administrator and an experienced team of reception and administration staff. The practice is a teaching and training practice for medical students, GP registrars, nurse students and physician associates.

The branch site at Hanover Medical Centre is open 8.30am to 6pm Monday to Friday with the exception of Tuesday and Thursday when the branch closes at 12 noon. Devonshire Green Medical Centre is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted a change to the registered details of the service in that the branch site at Hanover Medical Centre was registered as a separate location and not included on the registration of Devonshire Green as a branch. The partners identified on the partnership did not reflect the partners in the practice. The practice manager told us notifications had been submitted and the practice were in the process of completing the application forms.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Hanover Medical Centre on 9 November 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 with requires improvement in safe and well led. This is because the service was not meeting legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations. Specifically Regulation 12, Safe care and treatment and Regulation 17, Good governance. The full comprehensive report following the inspection on 9 November 2016 can be found by selecting the 'all reports' link for Hanover Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Hanover Medical Centre on 10 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.

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 10 July 2017. During our visit we spoke with the practice manager, senior administrator, reviewed recruitment files, management documents and observed practice procedures.

To get to the heart of patients' experiences of care and treatment, we asked the question:

- Is it safe and is it well led?

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 9 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, risk assessments, fire safety and staff training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 10 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the inspection on 9 November 2016 we found the practice did not have a system for managing and monitoring safety alerts. At our inspection on 10 July 2017 we found a process had been implemented to manage the safety alerts and a Safety Alert protocol had been implemented in June 2017. All safety alerts were discussed at the weekly clinical meeting and actions were recorded in the minutes of the meeting. We saw minutes of a meeting on 6 June 2017 where a recent safety alert had been discussed and actions recorded in the minutes. However, there was no central log or monitoring overview of which safety alerts had been received or actioned. The practice manager told us a template recording log had recently been obtained and the practice were in the process of implementing this.

Overview of safety systems and process

At the inspection on 9 November 2016 we found there were gaps with regard to safeguarding training for some reception staff. At our inspection on 10 July 2017 we found all staff had received safeguarding training relevant to their role as recommended in the Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff 2014. The GPs and practice nurses had attended a child safeguarding level 3 training event on 7 December 2016. Reception staff and a newly recruited practice nurse had received on-line training relevant to their role at various dates during 2017. This was documented on the training matrix.

At the inspection on 9 November 2016 we found there were no monitoring records of what cleaning had taken place at the premises and records showed carpets in consulting rooms had last been deep cleaned in 2013. At our inspection on 10 July 2017 we found cleaning schedules

had been implemented and daily monitoring sheets completed with a monthly audit completed by the cleaning supervisor which were recorded on a monitoring sheet. The carpets had been deep cleaned on 16 June 2017 at the Devonshire Green site and on 9 June 2017 at the Hanover Medical Centre site. The practice manager told us the replacement of flooring scheduled to be completed by March 2017 had been put on hold. The cleaning of the carpets in the consultation rooms was scheduled to be done annually until such time the work could be completed. We observed both sites to be clean and tidy throughout.

At the inspection on 9 November 2016 we found shortfalls in the recruitment checks undertaken prior to employment. There were no references on file for a clinical member of staff and Disclosure and Barring Service (DBS) checks for two practice nurses had not been completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At our inspection on 10 July 2017 we found all clinical staff and staff who performed chaperone duties had received a DBS check. We saw evidence the practice had received references for new staff recruited since the last inspection on 9 November 2016.

At the inspection on 9 November 2016 we found there was no system in place to monitor clinical staff had renewed their annual registration with their professional bodies and no overview of what medical indemnity cover was in place for the practice nurses. At our inspection on 10 July 2017 a monitoring log had been implemented. This included the registration number of each member of clinical staff and when it was due to be renewed. Indemnity cover was also recorded on the log sheet. Evidence of registration and indemnity were seen in clinical staffs' personnel files. This had also been added as a standard agenda item to the staff meeting to remind staff to inform the practice manager of any registration, indemnity renewal or training updates to ensure the monitoring log sheets were kept up to date.

Monitoring risks to patients

At the inspection on 9 November 2016 the practice did not have an up to date fire risk assessment, performed irregular fire maintenance checks and there was no documentation to show fire drills had been carried out. At our inspection on 10 July 2017 the fire risk assessment for both sites had been reviewed on 11 May 2017. Both premises had received

Are services safe?

a visit from the South Yorkshire Fire and Rescue Service and recommendations made by them had been actioned.

There was a record a fire drill had been carried out at the Devonshire Green Medical Centre site in March 2017 and the Hanover Medical Centre site in February 2017. This was scheduled to be completed annually. Staff had received fire safety training in July 2016 and those who could not attend were given a copy of the Fire Safety Policy. This was recorded on the training matrix. The practice manager told us a training update was booked for 12 September 2017. We reviewed the recording log sheet which showed the fire alarm system at Devonshire Green Medical Centre was checked weekly. However, the system at the Hanover Medical Centre site was checked every four weeks. The practice's Fire Safety Policy updated in May 2017 stated this would be done weekly. The practice manager told us this would be reviewed.

At the inspection on 9 November 2016 we found the legionella risk assessment had been completed in 2012 and there was no evidence this had been reviewed.

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At our inspection on 10 July 2017 we saw a legionella risk assessment had been completed 25 May 2017 for both sites and actions taken to mitigate the risks identified. For example, cold water storage tanks had been drained and removed.

Arrangements to deal with emergencies and major incidents

At the inspection on 9 November 2016 there was no record of basic life support training for staff. Following this inspection the practice manager provided an update, however, there were gaps identified for both clinical and non clinical staff. At this inspection on 10 July 2017 we observed on the training matrix that all staff had received basic life support training in December 2016 as recommended in the Resuscitation Council (UK) Guidelines for staff working in a primary care organisation. Update training was scheduled for 5 December 2017.

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 9 November 2016, we rated the practice as requires improvement for providing well-led services as there was a lack of monitoring and oversight of safety processes, risk assessment and training.

These arrangements had significantly improved when we undertook a follow up inspection on 10 July 2017. The practice is now rated as good for providing well led services.

Governance arrangements

At the inspection on 9 November 2016 there were shortfalls in the governance processes which should have been dealt with more proactively and been under regular review. During this inspection staff had reviewed the governance processes and the following improvements were seen:

- Appropriate recruitment checks to ensure staff were of good character had been completed for staff recruited since the last inspection. All clinical staff and staff who performed chaperone duties had received a Disclosure and Barring Service (DBS) check.
- A training matrix had been implemented to monitor what training staff had received and when it was due to be updated. All staff had received safeguarding training and basic life support training updates.
- Overview systems had been implemented to monitor staff training, clinical staffs' registration with the professional bodies and medical indemnity. However, although a system to action safety alerts received into the practice had been implemented, there was no central log or monitoring overview of safety alerts received and action taken for staff to reference.
- Systems to identify, record and manage risks had improved. Risk assessments had been updated and actions taken to mitigate the risks identified had been implemented. However, fire maintenance checks did not comply with the practice's Fire Safety Policy.