

The White House Surgery

Quality Report

The White House Surgery

1 Fairfax Rise

Sheffield

S2 1SL

Tel: 0114 2245878

Website: www.whitehousesurgery.nhs.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 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 The White House Surgery (previously registered as Dr Watton and Dr Kennedy and Dr Hopkins and Dr McDonough) on 8 June 2016. The overall rating for the practice was good with requires improvement for safe. The full comprehensive report from 8 June 2016 can be found by selecting the 'all reports' link for White House Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 February 2017 to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 8 June 2016. This report covers our findings in relation to those requirements and also additional improvements that the practice have 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 providing safe services.

Our key findings were as follows:

- Appropriate recruitment checks had been undertaken, prior to employment, for locum doctors used by the practice since the comprehensive inspection on 8 June 2016.
- The practice had completed a fire evacuation drill on 1 February 2017 and there was a plan to do this annually as a minimum as specified in their fire risk assessment.
- A policy had been implemented and risk assessment completed for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Significant events were analysed and had been discussed with the full practice team to improve learning.
- The practice had appointed a designated person to receive and action safety bulletins and alerts. A log of the actions taken had been implemented.

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?

The practice is rated good for providing safe services:

- Appropriate recruitment checks had been undertaken prior to employment for locum doctors used since the comprehensive inspection on 8 June 2016.
- The practice had completed a fire evacuation drill on 1 February 2017 and there was a plan to do this annually as a minimum as specified in their fire risk assessment.
- A policy had been implemented and risk assessment completed by the practice for legionella.
- Significant events were analysed and we saw evidence these had been discussed with the full practice team to improve staff learning.
- The practice had appointed a designated person to receive and action safety bulletins and alerts when received into the practice. A log had been implemented to monitor the appropriate actions had been taken which was available to all staff on the practice intranet system

Good



The White House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a lead CQC inspector

Background to The White House Surgery

The White House Surgery was previously registered with care quality commission as Dr Watton and Dr Kennedy and Dr Hopkins and Dr McDonough. The practice is located in a purpose built health centre in the S2 district of Sheffield and accepts patients from the Manor and Woodthorpe area. Public Health England data shows the practice population has a higher than average number of young patients aged 0-40 years compared to the England average and the practice catchment area has been identified as one of the first most deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for 6217 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

The practice has four GP partners (three female, one male), one male salaried GP, two practice nurses, three healthcare assistants, practice manager and an experienced team of reception and administration staff. The practice manager is new to post in August 2016. The practice is a teaching and training practice for medical students, foundation two doctors, GP registrars, nurses and physician assistants.

The practice is open 8.15am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. 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. Extended hours are offered on alternate Saturday mornings 8.30am to 11am with a GP and early morning appointments are offered 7.30am to 8am with a GP, nurse and healthcare assistant two mornings a week when the practice does not have a Saturday morning clinic. The practice also offers telephone consultations with a GP on a Monday evening 6.30pm to 7pm.

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, 6 – 6.30pm. 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 at the comprehensive inspection on 8 June 2016 that the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. We noted at the focused inspection on 3 February 2017 that the registration had been updated to reflect the current partners in the practice.

Why we carried out this inspection

We undertook a comprehensive inspection of The White House Surgery (previously known as Dr Watton and Dr Kennedy and Dr Hopkins and Dr McDonough) on 8 June 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 safe. This is because the service was not meeting one legal

Detailed findings

requirement and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations. Specifically Regulation 19 Fit and proper persons employed. The full comprehensive report following the inspection on 8 June 2016 can be found by selecting the 'all reports' link for White House Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The White House Surgery on 3 February 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 3 February 2017. During our visit we spoke with the practice manager, a member of the administration team, reviewed practice procedures and documents relating to the management of the practice.

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

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 8 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks for locum doctors was not adequate.

These arrangements had significantly improved when we undertook this follow up inspection on 3 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

We saw evidence of meetings where incident reports were discussed with all staff in the practice including reception and administration staff. For example, a significant event was discussed with clinical and non clinical staff on 19 December 2016 regarding the process for managing patient call back requests during the lunchtime period when the phones were diverted to the out of hours service. The process was reviewed and updated. During the inspection we spoke with one member of the administration team who told us that non clinical staff felt more involved and had a better understanding of the incident reporting system now. The practice manager told us that non clinical staff were actively reporting more potential incidents.

The practice had implemented a policy for dealing with safety alerts and had appointed a designated person to receive safety bulletins and alerts to monitor the appropriate actions were taken. The practice had a system in place to deal with alerts when the designated person was not on duty. We saw evidence a monitoring log had been developed which was accessible on the practice intranet system. This included all safety alerts received since June 2016. The log contained a summary of the alert with a link to the full bulletin. It also included information on what action had been taken.

Overview of safety systems and process

We reviewed three personnel files of the locum doctors who had worked at the practice since June 2016 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, medical indemnity cover, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (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).

The practice had implemented a policy to follow when booking locum doctors.

Monitoring risks to patients

- We were shown records that confirmed a fire evacuation drill had been completed on 1 February 2017 and staff we spoke with confirmed this. The practice manager told us there was a plan to complete a fire drill annually, as a minimum, as documented in their fire risk assessment.
- A policy and been implemented in August 2016 and a risk assessment completed for legionella. The practice continued to flush water systems regularly and had carried out tests on the heating system valve. The practice manager told us following their own risk assessment that a full risk assessment of the building by a specialist company had been arranged to assure the practice that the actions taken were adequate to mitigate the risk of legionella. This had been arranged for 8 February 2017.